

The Monograph

February 2022

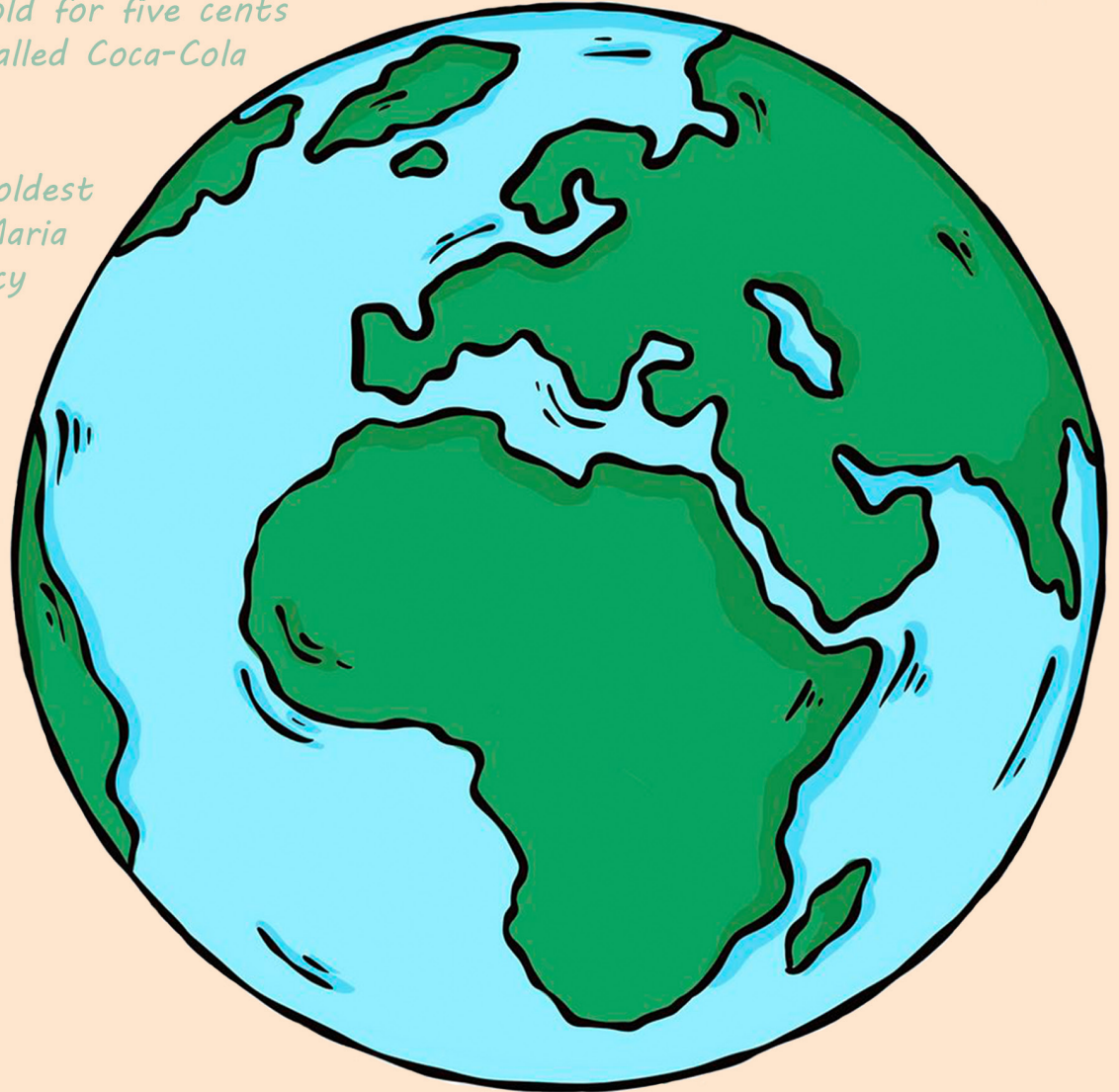
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Issue 3

*In 1886, an American Pharmacist developed
a syrup. When mixed with carbonated
water it was sold for five cents
as a drink called Coca-Cola*

*Italy contains the oldest
pharmacy, Santa Maria
Novella Pharmacy*

*The largest pharmacy
store chain is currently
located in China*

*The first drug reference
book in England was
created in 1618*



Featured in this Issue:

CAPSI Student Literary Competition Winner: Autumn Qiu Hua Chen
Ethnicity and Health Outcomes
Five Korean Films to Watch
More APPE Reviews

The Monograph Team



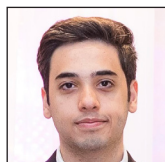
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Happy New Year, Pham!

We hope everyone had a good time with your Phriends and Phamily over the break. As we gear up for midterm season, we're very excited to share the international issue of the Monograph for the new year!

This issue starts with greetings from Christine Tan (2T3) and Chelsea Adler (2T3), the UPS president and vice president, as well as a warm-hearted letter from the 2T5 council. You'll also find the submission from the winner of the CAPSI Student Literary Competition (both locally and nationally!), Autumn Chen (2T3). Enrich your pharmacy brain with updates from CSHP, EVOLVE, GMI, and COMPPS, and for all you 2T2s and 2T3s we've got loads of APPE stories shared by your fellow 2T2 classmates!

The next section is where we start to get into celebrating the diverse cultures of our student body. Travel to Guyana with Amar Deonandan (2T3) or learn about Canada's ties to Vietnam with Quốc-Huy Phạm (2T4). Don't miss the shawarma reviews with Moid Shah (2T3) and Khaled Ismail (2T3), and get some unique Korean film recommendations from Michelle Choi (2T3)! Last but not least, we've got great artists to showcase - check out "The Godfather" comic, our Artist Spotlight, and Behind the Lens photography!

As you can see, we've got a packed issue for you all. We're so happy to have everyone contributing and we hope you'll consider submitting something for our next two issues as well!



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UPS Address

Happy New Year, Phamily!

Welcome to a new semester! Although we start this semester online, we hope to stay as close as possible over this time until we can see each other in person again. Ahead of us is four months full of new subjects to study, assignments and tests to write, MTM labs to complete, and of course, social events to enjoy with your phriends! With the challenges and possibilities that each new semester brings, UPS is here to help you make the most of your experience as a pharmacy student.

We are looking forward to the fantastic events in store for this semester! We'll give back throughout Charity Week, celebrate the pharmacy profession in Pharmacy Appreciation Month, network at the OPSIS conference in March, and recognize our achievements at the UPS Awards Night in April - and don't forget about the many exciting events your student clubs will also be hosting all throughout the semester!

Another especially exciting event to look forward to is the induction ceremony for the Class of 2T5! We're so excited to officially welcome you into the profession at such an exciting and inspiring time for healthcare. We are even more excited to see how great you look in your brand-new white coats.

Soon, it will also be time to elect your next generation of student council. The UPS general election will be held first in January, followed by the class council elections in March. Getting involved in student councils is an amazing way to contribute positively to student life, make connections with your peers, and enjoy your time at the faculty!

As the second semester goes on, know that you're not alone during these times and you have phriends to reach out to. We're always open to chat, whether you have any questions, comments, or concerns - personal or professional - never hesitate to reach out!



Christine Tan & Chelsea Alder

UPS President and Vice-President
ups@uoftpharmacy.com

A message from your 2T5 Class Council

Hey everyone!

Welcome to 2022! Congratulations on making it through our first semester of pharmacy school. From what started off as a change of scenery from virtual school, to ending off in a constant state of confusion with everything rushing to get back online, we did it! Us here on council just wanted to take a deep breath and a big step back to acknowledge how far we've all come, and to help motivate you all for this upcoming semester.

No matter what you were doing in 2020, whether it was studying at school, working a job, or just trying to survive the world we live in, applying to pharmacy school is a huge undertaking, so congratulations to everyone for managing to apply while keeping their sanities intact! It takes a lot of hard work and perseverance for someone to realize that pharmacy is the career path that they want to go down, and then take time out of their day to meticulously prepare the best application that will get them into pharmacy school. And for that, congratulations! All 240 of us have demonstrated that we can become successful pharmacists in the future, and that is something that should make you all proud.

Phrosh started the year off pretty well, giving us a chance to finally meet the people that we'd be learning with for the next four years. With everyone eagerly asking upper years for tips and tricks to use for pharmacy school, The words "mol pharm" got thrown around a lot. Instilling a sense of fear in everyone without really knowing what "mol pharm" even is - I'm pretty sure we still don't know.

Having classes online but stepping into PB on Fridays for an orientation session felt slightly odd, but it was so cool to finally put faces to all the names we'd been seeing on our zoom classes. Hanging out after those orientation sessions became a way for everyone to bond and create genuine friendships that we'll be holding on to throughout our time here at UofT.

From that point onwards school just got kind of crazy, midterm season started in October with PHM145, and then ended in November – again with PHM145. We had a lot of fun together with our Wonderland trip, secret Santa event, and ugly Christmas sweater day! Sprinkle in some late night study sessions on Discord, game nights, as well as finding new study spots in and around PB - our first semester was pretty action-packed. Exam season was intense – we technically JUST finished – but we all made it through! Everyone has so much to be proud of for making it this far.

While we all continue to attend school from our bedrooms, we hope you and your families stay safe! Don't forget to take care of yourselves, drink some water, get some sleep, and always take time out of your day to enjoy something unrelated to school. The future of this semester is still up in the air, but we look forward to seeing you all again soon!

From our Phamily to yours,

Ubaid

On behalf of your 2T5 Class Council



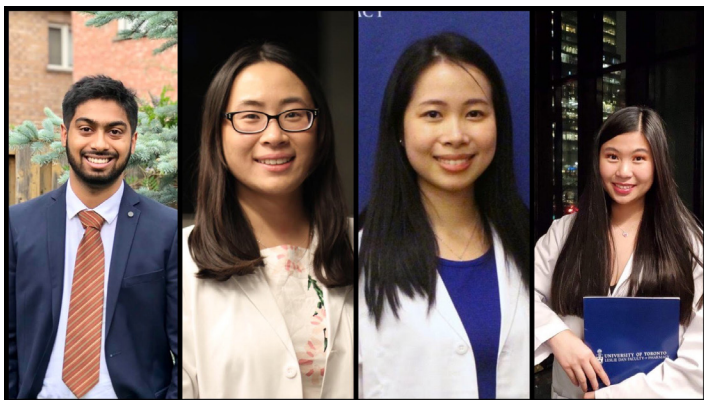
[Ubaid Ur-Rehman, Nicolas Pham, Mackenzie Richardson, Daniel Lamontagne-Kim, Emily Lam, Ayman Lakhani, Sasha Mohindra, Hitisha Solanki, Ashish Gante, Alyssa Matsumura, Kay-Ann Ormsby, Nickalos Narine]



CAPSI Corner

Hey Pharmacy. Welcome back to school for another term and we hope everyone had a good winter break!

CAPSI wrapped up their local competitions in October and we are excited to be celebrating our local competition winners. Thank you to everyone who participated in this competition season. Our judges were all very impressed by the quality of all presentations, applications, and articles submitted. It was a very tough competition and everyone was a very strong contestant. We are very excited to announce the winners here once again:



From left to right:

1st Place PIC: Amar Deonandan

1st Place OTC and AFL: Stephanie Lau

1st Place SLC: Autumn Chen

Guy Genest: Christine Tan

Congratulations to all the local winners! We wished our Patient Interview Competition (PIC) and Over-The-Counter (OTC) Competition Local Winners all the best as they represented the University of Toronto at the National PIC/OTC Competition on Sunday, January 16, 2022. They had been preparing and training with Professor Kenny Tan and worked very hard leading up to the national event. In addition, thank you to Logan Groves, and Neil Patel for their hard work in planning such a successful local PIC/OTC competition, and thank you to all the judges and actors for their contribution too.

Thank you so much for all the wonderful presentation and article submissions in our local Student Literary Challenge (SLC) and Advice For Life (AFL) Competition. They were all very thought-out and well-presented topics. Our SLC and AFL winner submissions have been sent out to National and we excitedly look forward to hearing back from CAPSI National soon on the results too!

On November 18, we hosted our annual Pharmafacts Pre-bowl and it was planned exceptionally well by our 2T5 CAPSI Representatives, Ayman Lakhani and Sasha Mohindra. It was a very interactive and fun trivia night and we had a good number of contestants too. Over 3 competitive and fierier rounds, our winners fought for their spots at the top of their cohort:



From left to right:

2T2 Pharmafacts Winner: Julia D'Adamo

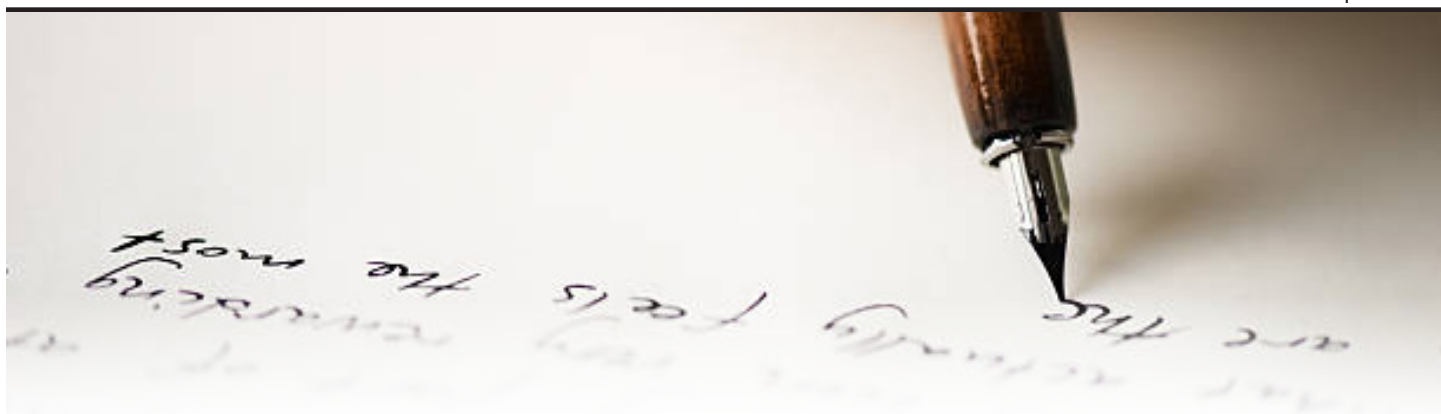
2T3 Pharmafacts Winner: Logan Groves

2T4 Pharmafacts Winner: Galit Moroz

2T5 Pharmafacts Winner: Adam Da Costa Gomes

This upcoming winter term, we are changing gears from competitions to event planning! We will be hosting lots of events such as our upcoming February Social Media Challenge and this year's second educational symposium. CAPSI is also getting ready for the Pharmacy Appreciation Month happening in March, where we would have Kids in Medicine (KIM), Pharmacy Outreach Days (PODs), 2T3 Mock OSCEs, Toronto's Next Top Pharmacist (TNTP), Interprofessional Event (IPE) on Heart Failure and more! Stay tuned to our online Facebook Page to keep tabs on all the exciting events!

Cheers,
Your CAPSI Team



Increasing Proactive Co-Dispensing of Take-Home Naloxone with Prescription Opioids at Ontario Community Pharmacies

By Autumn Chen, 2T3

Student Literary Challenge 2021-2022 Local Winner

When asked to comment on a subject of current interest to pharmacy practice, numerous topics come to mind. Whether it be about the implementation of national Pharmacare, changes in pharmacists' scope of practice, or emerging therapies such as medical cannabis, there are a plethora of subjects that pharmacists are fundamental to. I decided to draw on my own experiences in a community pharmacy and highlight a deficiency in opioid management, specifically the lack of naloxone dispensing alongside opioids.

According to data published by the government, opioid-induced respiratory depression (OIRD) is a public health crisis¹. From January to September of 2019, there were 3799 opioid-related deaths in Canada and 3663 hospitalizations due to opioid-related poisoning¹. In Ontario, about 1/3 to 1/4 of opioid-related deaths involved prescription opioids². This presents an area for possible intervention with take-home naloxone (THN), distributed from pharmacies that are already dispensing opioids. The cost-effectiveness of THN at reducing opioid-related deaths is proven and led to its publicly funded distribution. Despite this, an Ontario study found only 40.7% of patients on prescription opioid agonist therapy (OAT) and 1.6% of patients on prescription opioids received THN². My experience at the pharmacy also confirms that naloxone dispensing is inadequate. I was utterly confused the first time I was asked by a patient for THN. I was unaware of how to process it through the pharmacy management system and where the THN is located. Naloxone was so rarely dispensed that it was not included in the regular onboarding training.

Given the stigma surrounding opioid and naloxone use, as well as the difficulties in assessing the risk of OIRD, current guidelines suggest all patients receiving an opioid should be dispensed take-home naloxone and counselled by a pharmacist³. Pharmacists can play an essential role in combating this public health crisis: by co-dispensing naloxone with opioids, we can improve patient and population health while also lowering costs associated with opioid-related management and hospitalizations. Thereby, it helps to achieve the Quadruple Aim in Healthcare for better outcomes, lower costs, improved patient experiences, and improved clinician experiences. Furthermore, this aligns with the Ontario College of Pharmacists (OCP) updated Quality Indicators for Pharmacy that aims to focus on opioid management, reduce hospital visits for opioid poisonings among patients that are actively treated with an opioid prescription, and improve patient/caregiver experiences and outcomes⁴. Many patients do not perceive their need for THN or consider the risk of opioid exposure to those around them, therefore creating a need for a pharmacist-initiated intervention.

Considering this, I propose a quality improvement initiative to increase proactive co-dispensing of THN with opioids at community pharmacies. Individual pharmacies should assemble a team with varied expertise to support the project. There needs to be buy-in from the executive authority, pharmacy manager, and the pharmacy staff. Senior management support can provide resources, overcome barriers, and implement necessary workflow changes to allow increased naloxone dispensing. Pharmacists must validate the opioid prescription,



co-dispense naloxone, and counsel patients on the safe use of opioids and administration instructions for THN. Other pharmacy staff members will also interact with the patient and the pharmacy system to identify opportunities for THN distribution. For example, they may be situated at the drop-off or pick-up lane and can refer patients for a pharmacist consultation if they notice an opioid prescription without THN.

An AIM statement with SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) criteria is vital for a successful project. For example, the aim can be to increase the co-dispensing of THN with prescription opioids at the pharmacy from 40% to 80% in 6 months. Ways to evaluate the success of the project need to be in place, such as establishing data collection methods to report outcomes, processes, and balancing measures. Interventions are planned, completed, analyzed, and reflected on for improvements. A possible intervention is to add an actionable alert for active opioid prescriptions on the pharmacy management system. Advancing further in the dispensing process will not be allowed until the pharmacist addresses the alert to co-dispense THN. However, any intervention needs analysis for its advantages and shortcomings. In this case, would there be alert fatigue and desensitization if the intervention were to create a THN co-dispensing alert? Would it be possible to minimize nuisance alerts so that pharmacists can focus on clinically relevant ones? Another intervention is to create a comprehensive patient educational pamphlet about naloxone and to include them with all opioid prescriptions. These pamphlets may prompt more patients to inquire about naloxone and increase its subsequent dispensing. Regardless of the intervention selected, it must be feasible, pharmacy-specific, and regularly assessed for continuous engagement.

Pharmacists have an obligation to educate patients and their caregivers on the effectiveness and safety of medication therapy. By not offering THN with opioid prescriptions, we may be jeopardizing patient safety as opioids are associated with several adverse events including significant sedation, respiratory depression, and death. Consequently, adequate dispensing and counseling on naloxone is needed for any individual using an opioid. With a proactive pharmacist-led approach and structured implementation process, increasing rates of THN co-dispensed with prescription opioids are highly achievable.

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10 More Questions with (Former) Hospital Resident Meredith Ames

Al-Amin Ahamed, 2T4
CSHP Communications
committee rep



For this issue of the monograph we continue our '10 Questions' series with another former hospital resident from the Hospital for Sick Children, Meredith Ames. This interview was conducted while Meredith was a resident. As such, her responses will be in present tense.

Tell us a bit about yourself.

I completed an undergraduate degree in Biology at Queen's University and volunteered at Kingston General Hospital throughout my degree. During my pharmacy degree I completed rotations at Kingston General Hospital, UofT, Princess Margaret Cancer Centre and SickKids. I am currently finishing my residency at SickKids and also work for the International Pharmacy Graduate Program at UofT.

When and why did you choose to pursue a residency?

I have been interested in pursuing a pharmacy residency since before I started pharmacy as I was fortunate enough to connect with hospital pharmacists and learn about their experiences. I was interested in the opportunity to work within an interprofessional team and also develop skills in pharmacy education and research.

What is the general structure of your residency? Did you take on any elective rotations?

The first four months of my residency were non-clinical with rotations being completed in Medication Use Management, Drug Information, and Therapeutic Drug Monitoring. These non-clinical rotations provided my co-resident and me with valuable skills to succeed in our clinical rotations. There is one mandatory clinical rotation at SickKids - General Pediatrics - and the remaining clinical rotations are electives. I completed rotations in Hematology/Oncology, Bone Marrow Transplant, Transplant and Regenerative Medicine, NICU, Nephrology and the Cardiac Critical Care Unit.

What does a typical day look like for you?

Depending on the unit, morning rounds start at a different time but usually no earlier than 9 am. I arrive at the hospital at least an hour before rounds to review patients and work-up any new patients as assigned. Mornings are generally spent at rounds carrying out interventions and finding out more about patients. In the afternoon, I typically take care of therapeutic drug monitoring, patient education and follow-up on issues from rounds or that have come up throughout the day.

Would you mind sharing a bit about the project you're doing/have done as part of your residency?

For my project I am looking at the use of palonosetron in the hematology/oncology and bone marrow transplant population and whether use is concordant with our institutional policy, as well as costs associated with chemotherapy-induced vomiting, with and without palonosetron.

Is there anything you particularly love about your residency?

First and foremost, the patient population as well as the world class practitioners and preceptors, and of course my co-resident.

Is there anything you find particularly challenging in your residency?

Given the lack of guidelines available for many of the conditions encountered it can certainly be challenging at times, but the drug information rotation as well as supportive pharmacy team and clinical teams on the units make overcoming those challenges that much easier.

What's your plan after completing residency?

My plan is to continue working at SickKids as well as at the faculty.

How do you think hospital pharmacy is unique from other areas of pharmacy?

The proximity to other health care providers; working on the unit with the clinical team greatly enhances interprofessional collaboration.

Finally, is there any advice you would give to current students who also wish to pursue hospital residency?

Go to all of the open houses, take notes and really think about why you wish to pursue residency.

The Impact of COVID-19 on the Fight Against Other Diseases

Irien Zhang, 2T5

With the official 2-year mark of the COVID-19 pandemic creeping up on us, you have likely heard of or perhaps personally encountered the effects of redirected healthcare priorities to fit the public health response, whether that be longer wait times to meet a physician, extended times to triage in the emergency room, or egregiously long wait times for your loved ones to secure a bed in a long-term care home. Amidst all the overwhelming news thrown at us in the media day after day, we seldom hear of the ongoing public health struggles faced by communities in lower income countries where epidemic and endemic diseases that were prevalent prior to the outbreak of SARS-CoV-2 still run rampant.

Neglected tropical diseases (NTDs) are a vast range of infectious diseases that are likely to be vector-borne or exist in animal reservoirs. NTDs including zoonotic diseases such as human African trypanosomiasis and schistosomiasis maintain the vicious cycle of illness and poverty often seen in lower income countries, as they are not only more prone to disease exposure given their tropical climate, but these communities are also less equipped to manage outbreaks. While great progress has been made to overcome many of these preventable diseases with interventions like prophylactic medications, vector control, and improvements in water supply, sanitation, and hygiene, much of this progress was brought to a halt, if not further set back, in 2020.

A report published by the World Health Organization (WHO) in September of 2021 showed that services related to NTDs were found to be among the most frequently and most severely affected by the pandemic, second to mental health and substance use disorders.¹ Such disruptions were due to diversion of resources and personnel, with supply chain shortages and many healthcare providers being absent from work due to illness, care-giving responsibilities, or restricted mobility.

In turn, these factors greatly affected routine monitoring and surveillance of afflicted communities in addition to regularly scheduled treatments and prophylactic therapies. Though not currently well elucidated, there is a projected increased burden of tropical diseases that will likely increase mortality and morbidity in these already vulnerable populations, offsetting the public health goals that were set as early as 2012.

Despite the setbacks in NTD program funding and execution, there seems to be some light at the end of the tunnel. After much re-evaluation, WHO updated their framework to outline feasible measures to combat the COVID-19 pandemic and other prevalent diseases plaguing these communities. For instance, with the overlap in hygiene measures between COVID-19 and NTDs, accommodations have been made to promote community handwashing, contact tracing, and provision of sanitation supplies. Greater emphasis and urgency have also been placed on production, shipment, delivery, and distribution of required medicines and supplies. Now, with the world slowly reopening, we will hopefully see a prompt reorientation back onto the track of NTD eradication.

Resurgence rates of NTDs are relatively low and the compounded effects of neglect over these past two years may not manifest immediately to make daily headlines, but as we have all learned painfully in the past, public health issues that seem far away might very well become our daily realities. They are certainly a child's, student's, mother's, or father's reality. As future healthcare professionals, we simply cannot wait until such news takes over the media or affects us personally to start caring about global health issues.

Global Medicine Initiative





Expanded Scope in the Pandemic: Symptomatic PCR Testing in Community Pharmacies

Claire Butler, 2T4

Community pharmacists have played a vital role in supporting Ontario's healthcare system throughout the COVID-19 pandemic. In a time where healthcare resources are scarce, pharmacists have been an invaluable and accessible resource for their patients, administering vaccinations, performing consultations for minor ailments, educating patients on telehealth services, and assessing patients for renewals of their chronic medications. With this shift in need, the value of pharmacists has been increasingly recognized and several expansions have been made to our scope of practice including the ability to provide COVID-19 testing through the Ministry of Health's Publicly Funded COVID-19 Testing Services in Ontario Pharmacies program which launched November 18th, 2021.

With the highly transmissible Omicron variant, Ontario has seen unprecedented case counts exceeding testing capacities, prompting more stringent eligibility criteria for publicly funded testing. Nevertheless, pharmacies continue to offer PCR testing for symptomatic individuals at high risk including workers and residents in high-risk settings, and vulnerable populations. Through this program, participating pharmacies may collect a specimen in pharmacy or handle a specimen self-collected by a patient to be used for laboratory-based PCR testing.

This begs the question, however, whether pharmacies are the most appropriate setting for the collection of these specimens to be taking place. As some retail pharmacies see hundreds to thousands of customers walk through their doors daily, the introduction of symptomatic individuals could increase risk of community transmission. Pharmacies frequently serve the elderly, immunocompromised, and patients too young to be vaccinated - all who deserve to get their prescriptions without the fear of being exposed to COVID. Upon announcement of the program in November 2021, NDP Leader Andrea Horwath said in a statement, "Sending

symptomatic people that we suspect have COVID into [pharmacies] is going to cause fear and anxiety, and we can only hope it doesn't result in vulnerable people getting COVID", as she called upon Doug Ford to pause the program until safety protocols were clarified.¹ Since then, the Ministry of Health has released updated guidelines outlining measures to be taken in participating pharmacies. These include, only testing symptomatic individuals by appointment, instructing them to wear a face mask and arrive no earlier than 5 minutes before their appointment, utilizing a point of entry from outdoors which precludes walking through commercial spaces whenever available, and maintaining physical distance of at least 2 meters. Pharmacies are recommended to have a designated area for specimen collection, separate from areas for medication dispensation, counselling, and vaccination with optimized ventilation to maximize airflow. If the space for COVID-19 specimen collection is used for other activities, it must be cleaned and disinfected between each use. The individual collecting the specimen must have the appropriate PPE for droplet/contact precautions, including a surgical mask, eye protection, gloves and a gown which are changed between patients.²

Pharmacists are stepping up for patients, while other professionals have closed their doors and shifted to delivery by telehealth services. There is undoubtedly a need for increased access to testing in Ontario and when done safely, pharmacies are playing an important part in increasing such access. But is this the best way?

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Compounded Bioidentical Hormone Replacement Therapy (BHRT) for Menopause & The Pharmacists' Role

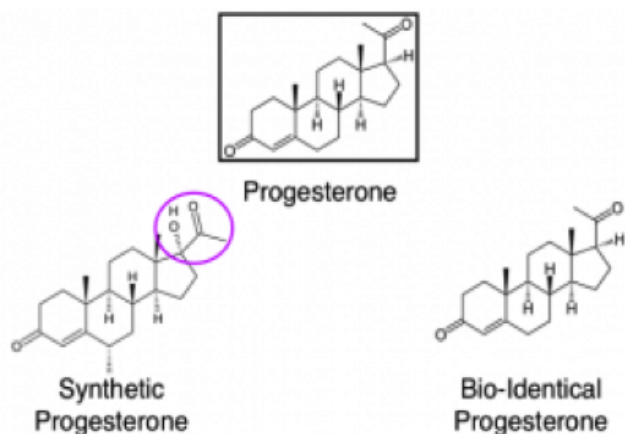
Zena Al-Janaby, 2T3 Class Rep

Bioidentical Hormone Replacement Therapy (BHRT) is often prescribed to treat the symptoms of menopause, but can also be used for other health conditions that women who menstruate may experience such as endometriosis, pre-menstrual syndrome and irregular menstrual cycle.¹ BHRTs are different from traditional Hormone Replacement Therapy (HRT) in that they are derived from plant estrogens such as soybean or yam and are structurally similar to the endogenous hormones. In contrast, the hormones in traditional HRT are derived from urine of pregnant horses and may resemble the structure of endogenous hormones.² Pharmacies across Ontario work closely with prescribers to provide compounding services to patients such as compounded BHRT. Compounded BHRT can come in various strengths and dosage forms such as suppositories, topical creams, gels, or foams and can contain estrogen, progesterone and/or testosterone.



Benefits of Compounded BHRT

Compounded BHRTs can provide individualized treatment for patients to reach a homeostatic state of hormone levels and manage menopausal symptoms. The dosage can easily be adjusted based on blood or saliva hormone levels with BHRT.¹ Meanwhile, the dosage of traditional HRT is adjusted solely on symptom relief. Additionally, compounded BHRT can be used as an alternative option for menopausal patients with an allergy to any component in traditional HRT or those requiring a dosage or formulation that is not available on market.³ As an example, a patient who develops a skin reaction to an estrogen patch may benefit from a compounded topical cream formulation. Ultimately, compounded BHRTs allow prescribers to provide patients with a personalized treatment that meets the patient's needs and maximizes treatment outcome.



Limitations of Compounded BHRT

Despite the numerous benefits, compounded BHRTs can come with some limitations. Preparation methods of compounded BHRTs may vary from one pharmacist to another. As a result, patients may not receive the same amount of medication as prescribed.³ Sterility and potential contamination in preparation is also a concern. In addition, compounded BHRT preparations can be expensive as they are not covered under the Ontario Drug Benefit (ODB). This raises a concern on medication accessibility, especially for those that do not have a private insurance plan. Moreover, compounded BHRTs do not have government approval from Health Canada or the Food and Drug Administration (FDA) and may pose risks to patients as they have not been evaluated for safety, efficacy, and quality in clinical trials.⁴ There are also few or no scientific studies comparing compounded BHRTs to traditional HRTs.³ Yet, there is a perception that compounded BHRTs are a safer alternative to traditional HRTs as they are derived from a 'natural' source.

Pharmacists' Role

Although compounded BHRTs come with various limitations, it is critical to recognize that compounded BHRTs fill a medical need for certain patient populations. More efforts on comparative trials are necessary to evaluate the quality, safety, and efficacy of BHRT in contrast to traditional HRT. While more research is essential, the lack of data on the quality and safety of BHRT highlights the need for more medication error and adverse drug reaction (ADR) reporting practices in compounding pharmacies.⁵ The practice of reporting medication errors and ADRs through the Institute for Safe Medication Practices (ISMP) can potentially offer insight into the quality and safety profile of compounded BHRTs. Pharmacists are the frontline of medication-related incidents reporting as they come in direct contact with patients and their medications. Being the most accessible healthcare provider, pharmacists are in a unique position to correct misinformation, evaluate the appropriateness of medications, educate on the risks and benefits, and recommend treatment that delivers



the highest standard of care to patients.

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NDPC APPE Rotation Experience – Canadian Armed Forces

Andrew Tu, 2T2

The last year of pharmacy school is a unique one. As most readers of The Monograph are currently pharmacy students, it is common knowledge that 4th year is all experiential rotations, or Advanced Pharmacy Practice Experiences (APPEs): no classes, no exams, just the real world where you can see experience different pharmacy environments and apply what you have learned in school. As I approach my last APPE block (and final stretch of pharmacy school!), one experience that stood out to me was my first non-direct patient care (NDPC) rotation with the Canadian Armed Forces (CAF) in Block 3.

I was excited to start my rotation back in July 2021; this was a remote rotation and has been remote even before the COVID-19 pandemic. As someone who only had pharmacy work experience in the community setting, I was ready to explore other fields. I was also a little nervous: while the thought of being at home and not having to deal with the stresses of community pharmacy was relieving, this was my first work from home experience, which would require some adjusting to.

The first day of the rotation started off with a zoom meeting between my preceptor and I, who focused on drug use evaluation in the CAF. She gave me a brief overview of the CAF, the role of the pharmacy team, and who else we would be working with. After some discussion about what projects she had available, we decided on a project

which was perfect for me as it focused on a therapeutic topic that I was very interested in. The project itself was very big and was the only one I was involved with during my 5 weeks. It was a great opportunity to review my therapeutics, perform a literature search, work with other CAF personnel, and put together a presentation to present at the end of the rotation. Throughout the rotation, I met regularly with my preceptor to discuss progress and next steps on my project. The preceptor was very nice and helpful throughout the rotation, and it was remote which allowed for a nice break from commuting and from standing all day. This was a unique and rewarding learning experience that I would highly recommend to any future APPE students.

My advice to any future APPE students is to diversify your experiences in your final year. You only get 7 blocks of rotations so try to explore different fields before you graduate. I have had great APPE rotations so far and was able to experience and learn more about different pharmacy environments. In addition to CAF, I have completed rotations at the Winchester District Memorial Hospital, Rideau Family Health Team, and Loblaws Pharmacy, and my current and final rotation is with the Canadian Society of Hospital Pharmacists. Wishing everyone good luck for the rest of the school year and feel free to reach out to me if you have any questions about APPE rotations!



NDPC at GlaxoSmithKline: *A Refreshing Experience*

Fabian Cretu, 2T2

An exciting opportunity during APPEs is being able to step outside of the traditional pharmacist role in direct patient care, such as community or institutional rotations, and into the vast world of non-direct patient care (NDPC). We are told that pharmacists can deliver value outside of traditional pharmacy positions including in the pharmaceutical industry, academia, research, government, regulatory bodies, consulting, and others. I was lucky enough to have completed a 10 week rotation at the pharmaceutical company GlaxoSmithKline during blocks 5 and 6 where for the first time I was able to learn what pharmacists and pharmacy students can bring to the pharmaceutical industry, which I found incredibly rewarding. **I want to share 5 things I learned from my experience that pharmacy students should know when ranking or before starting an NDPC rotation.**

1. NDPCs can still be patient-focused.

At GSK I was part of the Medical Affair teams in Consumer Healthcare where I supported the companies OTC portfolio including Advil, Voltaren, Nexium, and Sensodyne. What I found most surprising is how patient-focused the rotation was. Although we do not directly interact with patients, the work I was able to do as a student was always focused on bringing value to patients. You can have meaningful patient impacts from the work you do, including ensuring accurate efficacy and safety information is provided by the company, proposing medication scheduling changes, answering Health Canada questions, and reviewing product claims. Many of us entered the pharmacy profession to help others and this rotation showed me that helping people indirectly through the pharmaceutical industry still provides the benefit to society we strive to bring.

2. You have more to offer than drug information.

The pharmacy program often focuses on the role of the pharmacist in the community or institutional setting and aims to increase our pharmacotherapy skills. However, our academic and experiential background provides us with many transferable skills that extend outside of traditional pharmacy roles. During my rotation, I conducted literature searches, critically appraised clinical studies, wrote medication summaries, and supported diverse Medical Affairs initiatives. I feel I brought value to and was appreciated by the team. Being able to realize that we are useful outside dispensing, professional services, and medication management, was a great experience and made me recognize some of the skills we are developing as young professionals and areas we can apply them to.

3. A flexible schedule is relieving.

From my experience and from speaking with my peers I realized how much more time flexibility there is in NDPC rotations. While in hospital or community pharmacy you have your standard 8-hour shifts, NDPC will blur your traditional work hours. I made myself available from 9 am-5 pm every day but my placement was focused on projects and therefore sometimes you would work outside of your work shift and sometimes have lighter or heavier days. The best part was that you could make this schedule flexible as long as you were completing your work by the deadlines. This flexibility made me appreciate the decreased stress that my NDPC rotation brought me compared to rotations where I am working 8 hours straight.

4. You may question your Professional Identity.

During my rotation, one of my preceptors was a pharmacist and one of them was an MD by training. On the team, there was another pharmacist and MD as well. I would also work with other teams such as regulatory affairs, commercial, and internationally with the medical affairs team from the United States. These teams also had a wide range of backgrounds including PhDs, nurses, and business graduates. Working with people who have diverse work and educational backgrounds and supporting projects that are not pharmacy-related may change your perspective on what a pharmacist is and what they can do. I often felt like I was not being a “pharmacist” but that I was applying transferable skills and perspective from Pharmacy into another sector where pharmacists, amongst other professionals, were

my coworkers. This can be positive if you are open to questioning the role you can play in a work setting.

5. Prepare to leave your comfort zone.

During my GSK rotation, I was doing tasks that I have never done before and was exposed to a whole new work environment. I was not used to industry meetings, the variety of activities, and the strong deadlines that were part of this rotation. I had no experience in research or writing but I was able to assist with drafting up an abstract for a conference on a new product which was an invaluable learning experience. Leaving my comfort zone was rewarding and the change of pace helped me from burning out during APPEs.

Overall, I am thankful for my NDPC rotation because it provided a unique learning experience, strengthened my professional identity, improved my transferable skills, and provided me with work-life flexibility. I recommend everyone take an NDPC rotation to switch things up from the mandatory community and institutional rotations and have a unique learning experience!



Institutional APPE Review: Sunnybrook Health Science Centre



Happy 2022 to everyone who is reading The Monograph, which is so thoughtfully created by our lovely team. This issue, I wanted to share some of my experience completing a 10-week DPC rotation at Sunnybrook Health Sciences Centre Cardiovascular surgery unit.

Let's start off with the many positive aspects that make Sunnybrook a great learning centre. All students, regardless of their previous hospital experience, will receive a comprehensive hospital tour and orientation session with the education coordinator. I find these sessions welcoming and relieves some of the anxiety especially for those having their first-ever hospital experience.

Because it is a large academic institute, staff are used to

working with students from different professions and at varied levels of study. They welcome students with open minds and are happy to answer any questions, medication related or not.

At Sunnybrook, the pharmacists are very up-to-date on the newest clinical trials and practice guidelines. The patient care process is very team-based, and you will get to work very closely with prescribers, occupational therapists, physiotherapists etc. The pharmacist I work with is also very proactive in making suggestions, though practice varies based on the pharmacist. In general, I see their suggestions to be highly valued by the entire team.

A few objective points for why Sunnybrook may not be the most ideal for a placement: the location is not easily accessible. One can drive to Sunnybrook and purchase a monthly/weekly/day parking pass. There are also shuttle buses running from Women's College Hospital, or Finch station. Sunnybrook uses an electronic patient record (EPR) system called "Sunnycare" and unfortunately it is not a full computerized provider order entry (CPOE). A lot of the clinical information is still in patients' paper charts, which means for a comprehensive patient work-up, you may need to go through stacks of paper. Furthermore, the critical care units use a different EPR system which means there is another source of information you have to investigate.

Overall, I would recommend Sunnybrook Health Sciences Centre as a place to complete your institutional placements. If you have any other questions about APPE or fourth year, you can reach out to any 2T2 student and we would be happy to help. Best of luck future pharmacists!

My Experience at



By: Shaista Malik, 2T2

Throughout my high school and undergrad years, I was a volunteer at the Mississauga Hospital in the departments of hospitality and rehab. I came to know the hospital very well and would walk the halls dreaming of a career in healthcare. During that time, my younger self would wonder if I would ever make it into healthcare. Flash forward to many years later, I found myself as a 4th year PharmD student at the very place I was once a high school volunteer. As an APPE student, I had the amazing opportunity to work in the general surgery unit. Although it had been a few years since I had been a volunteer, I quickly became acquainted with the different parts of the hospital within the first day as memories of my previous volunteer experiences rushed in.

I came into this placement with very little knowledge about the pharmacy aspect of surgery. However, over the weeks I became well versed with surgical procedures such as cholecystectomy, appendectomy, splenectomy and many others. I soon learned about the pharmacist's role in acute pain management, hypotension, infections and nausea and vomiting in post-operative patients. A splenectomy, as mentioned above, is a procedure in which the spleen is removed. Such patients are at an increased risk of life-threatening infection from encapsulated organisms. During my placement, I was given the opportunity to counsel splenectomy patients on infection prevention strategies including vaccinations, preventative antibiotics, and recognition of the signs of infections followed by documentation with a SOAP note. One of my favourite aspects of this placement was the interprofessional collaboration opportunities. This included my attendance of huddles, shadowing the registered dietitian and working with a pharmacy technician to complete a BPMH. I also learnt and grew through my interactions with the friendly pharmacy staff including the pharmacists and residents during my time. As the

weeks went on, I became confident in my information gathering and clinical decisions.

My placement occurred from 8am - 4pm Mondays to Fridays. At 8am I would start my day by printing out the list of surgery patients from my floor. Then at around 8:25am I would go up to the unit and greet my preceptor. We would then have a huddle in which the nurses, dietitian, occupational therapist, physiotherapist, pharmacist, and other allied healthcare members would collaborate with one another as they provide updates on the patients. Afterwards, my preceptor would assign me a drug of the day and a new patient. At 9:15am when huddles would end, I would then go back down to either the library or the student room in the pharmacy office to follow up with my patients and start my work-up and care plan. I would also prepare a drug chart for a drug that my preceptor assigned me. From 1-2pm I would meet with my preceptor and present my follow up, drug of the day and workup. Afterwards, I would complete follow-up questions and end my day at 4pm.

All in all, what made this placement enjoyable was the vast variety of surgeries I would learn about. Initially I found the workload difficult. However, with time I experienced self growth and confidence which allowed me to become faster in the completion of my work. My last day was bittersweet as I walked down the halls as a pharmacy student for the very last time. However, I was also fueled with a feeling of accomplishment at all I had learnt and achieved. The most rewarding aspect of this placement was the mere reflection of once being a high school student volunteering at the Mississauga hospital to a 4th year PharmD APPE student. This thought would inspire me to work hard and to never give up on my dreams. I hope through this APPE review I can inspire you as well to dream your biggest dreams and to work hard to strive to achieve them!



Ethnicity and Health Outcomes: Cardiovascular Risk Among South Asian Canadians

Joham Ahmad, 2T4

Being a South Asian pharmacy student, I am interested in the dynamics between culture, ethnicity, and healthcare. From ethnically-specific genetic polymorphisms to linguistic concordance, an individual's background plays a large role in their relationship with their health.

I have recently learned of the link between South Asian race and cardiovascular disease. Understanding this link is not only important as a healthcare worker, but also as an individual with elder South Asian loved ones. This has allowed me to generate pertinent discussions at home, and ideally would allow at-risk families to be proactive in implementing heart-healthy lifestyle changes. In hopes of encouraging other South Asian students to reflect on this, I have provided a summary of the article, "Cardiovascular risk among South Asians living in Canada: a systematic review and meta-analysis", published in the Canadian Medical Association Journal Open in 2014.

South Asians are defined as people from India, Pakistan, Sri Lanka, Nepal, and Bangladesh. This systematic review and meta-analysis used Caucasians (to be clear, the article used the term "white people") as a comparison to South Asians. The studies included in this article examined associations between cardiovascular disease (CVD) risk factors and South Asian ethnicity. The types of studies varied; cross-sectional, database reviews, prospective cohort studies, descriptive studies, and case-control studies.

Overall, there are higher rates of CVD and mortality caused by CVD among South Asian men and women as compared to Caucasians. The prevalence of CVD was 5.7% - 10.0% in South Asian people, whereas it was 5.4% - 5.7% in Caucasians. The following chart differentiates between the presence or absence of statistically significant CVD risk factors, comparing South Asians and Caucasians:

CVD risk factors that are more prevalent in South Asians, as compared to Caucasians:	CVD risk factors with no differences between ethnicities, or lower risk in South Asians (SA):
↑ percent body fat	BMI is similar between SA and Caucasians
↑ average amount abdominal adipose tissue in South Asian men, and ↑ visceral abdominal fat	↓ systolic blood pressure than Caucasians, similar diastolic blood pressure
Glucose <ul style="list-style-type: none"> • 2x greater prevalence type 2 diabetes • ↑ impaired glucose tolerance • ↑ insulin resistance 	60% less likely to smoke tobacco than Caucasians
Lipids <ul style="list-style-type: none"> • ↓ HDL-C • ↑ total cholesterol : HDL-C ratio • ↑ TG levels • ↑ ApoB:ApoA1 ratio 	No significant differences in LDL cholesterol or total cholesterol compared to Caucasians
More likely to have hypertension	
Lower levels of physical activity	

There are limitations to this meta-analysis. It includes many study designs, and lacks standardized measurement for ethnicity (self-reporting v. computerized algorithm based on inputs like surname, birthplace). The I² value is 75%-90%, which indicates significant heterogeneity. Significant heterogeneity suggests that the studies included in the systematic review are not estimating the same cardiovascular risk factors and outcomes, and perhaps should not be combined.

However, there were strong consistencies among most studies regarding higher insulin levels, triglycerides, and lower HDL cholesterol in South Asians.

This concludes the summary of the systematic review and meta-analysis on CVD risk for South Asian Canadians.

Rana, A., de Souza, R. J., Kandasamy, S., Lear, S. A., & Anand, S. (2014). Cardiovascular risk among South Asians living in Canada: A systematic review and meta-analysis. *CMAJ Open*, 2(3). <https://doi.org/10.9778/cmajo.20130064>



Guyana, An Overview

Amar Deonandan, 2T3

Guyana is the only English-speaking country in South America, bordered by Venezuela to the west, Surinam to the east, and Brazil to the south. Known as the “Land of Many Waters”, Guyana is a tropical country on the equator, mostly consisting of dense rainforest with most of the country’s ~750,000 inhabitants living along the forestless coastline, especially in the capital of Georgetown.

Like Canada, Guyana is home to a variety of immigrant populations, including Chinese, African, Indian, British, as well as the native Indigenous populations. As such, Guyana’s culture is a diverse mix of said populations. One popular dish we eat in Guyana is seven curry, which consists of steamed rice, along with dhal (split peas boiled into a soup), pumpkin, spinach, potatoes, eggplant, channa (chick peas), and katahar (jackfruit), served with a very oily roti called puri and achar (a spicy mango chutney). Other dishes include cookup rice (various beans and rice cooked in coconut milk), chicken fried rice/chow mein, and pepperpot (beef or goat slowly cooked in a thick cassava syrup and bitter

fruit called tamarind). Common snacks we enjoy include phlourie (split peas made into a batter and fried), pine tarts (pineapple filling in a tart), and plantain chips (plantains sliced and fried in oil). Many of these dishes can be purchased in West Indian restaurants around the GTA.



Two common music genres commonly listened to in Guyana are chutney and soca. Chutney is performed by using common Indian musical instruments such as the harmonium and tabla, while Soca

tends to use more brass instruments and synthesized sounds. Highly shared with Trinidad and Tobago, famous artists we listen to in Guyana include Ravi B, Terry Gajraj, Sundar Popo. I included a popular Spotify playlist that encompasses Guyanese chutney pretty well. (<https://open.spotify.com/playlist/37i9dQZF1DWWXmRdYIgg8J?si=88aaec58b36b4f63>)



Guyana does have a few notable landmarks, including St. George's Cathedral - the world's largest all-wooden building. Even the nails are made from wood! Guyana also boasts the world's highest single drop waterfall - Kaieteur Falls, at 482 metres, and Mt. Roraima, which served as the inspiration of the Pixar movie Up! Despite the spectacular view, both Kaieteur Falls and Mt. Roraima remain highly inaccessible by rainforest, with the only route of access being through small aircraft.

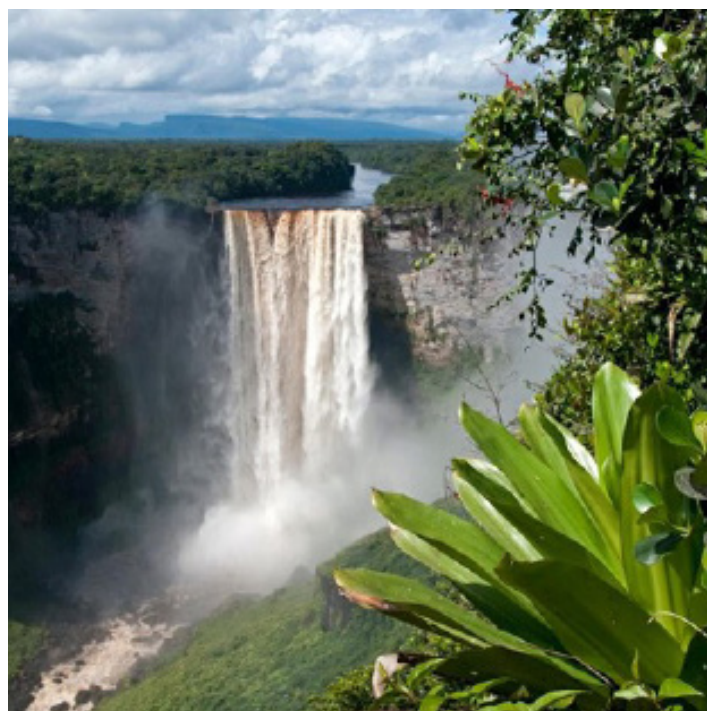
A beautiful country, Guyana hosts plentiful resources, including lumber, gold, potash, rice, and most recently, oil - which has the potential to provide the country

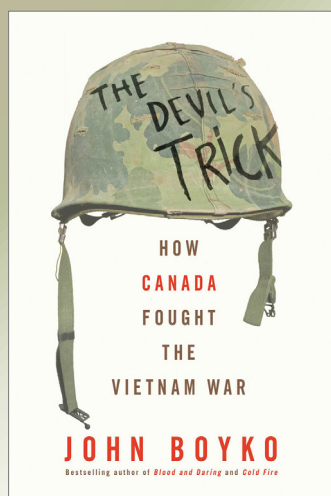


massive economic growth. Unfortunately, due to current and historic racial and political tensions, corruption, as well as crime and violence, Guyana has not been able to develop as well as other countries around the world, causing many inhabitants such as my parents to leave for regions such as Florida, New York (especially Queens), and the GTA. As a result, Guyana's cultural influence can be seen here, such as during Scotiabank's Caribbean Festival (better known as Caribana), and the many Guyanese restaurants and shops that can be found here.



For more information on Guyanese culture, a great Instagram page to check out is @cutlasspodcast.





On *The Devil's Trick*: Canada's Known, Unknown and Forgotten Connections to Vietnam

By Quốc-Huy Phạm, 2T4

"Misapplied lessons of history may be more dangerous than ignorance of the past"

– Alexis de Tocqueville

The Second Indochina War, commonly referred to as the "Vietnam War" or "Kháng chiến chống Mỹ" in Việt Nam (translated as the "Resistance War against America", which is telling of who the subject is and their perspective), is the Cold-War era conflict that encompasses the war in Vietnam, the Laotian Civil War, and the Cambodian Civil War. These wars pitted the communist forces of North Vietnam, the Pathet Lao, and the Khmer Rouge (as well as the non-communist National United Front of Kampuchea led by prince Norodom Sihanouk following his deposition in 1970) against the non-communist forces of South Vietnam, the Kingdom of Laos, and the Khmer Republic, in addition to their respective allies, most notably the U.S., China and the Soviet Union. They all ended with a communist victory with the Fall of Phnom Penh on April 17, 1975, the Fall of Sài Gòn on April 30, 1975 and the takeover of Vientiane on December 2, 1975. During this bloody, decades-long chapter in Southeast Asian history that resulted in millions of casualties (itself a part of a larger series of wars in Southeast Asia post-Second World War that ended in 1991 with the 1991 Paris Peace Agreements), Canada played a neutral and non-belligerent role ... but did they really? Was Canada truly neutral or was there a quiet complicity in Canada?



The Devil's Trick: How Canada Fought the Vietnam War by John Boyko tells the history of Canada's involvement in Việt Nam through the use of six people's perspectives. Chapter 1 follows Brigadier General Sherwood Lett, who served as Canada's commissioner to the International Control Commission (ICC). Chapter 2 details Blair Seaborn and his secret meetings with the North Vietnamese government in a futile effort to de-escalate the conflict. Chapter 3 covers Claire Culhane's experience working at a Canadian anti-tuberculosis hospital in Quảng Ngãi, South Vietnam and her activism as a result of her experience. Chapter 4 and Chapter 5 are their respective inversions, with Chapter 4 following the American Joe Erickson's emigration to Canada in order to avoid fighting in the war while Chapter 5 follows the Canadian Doug Carey's move to the U.S. to join the war. Finally, chapter 6 recounts Rebecca "Gai-Zhi" Trinh and her and her family's perilous escape from Việt Nam and journey to Canada.



Before starting with Lett's story, Boyko opens with a poignant line about how "war is about sending our children to kill theirs. The devil's trick is convincing leaders that war is desirable, the rest of us that it's acceptable, and combatants that everything they are doing and seeing is normal or at least, necessary". He spends the next couple of pages contextualizing the Second Indochina War in three ways: first as a part of American and Canadian history during a period of cultural change, second as a part of the Cold War that pitted the democratic West against the Communist world, and third as part of Việt Nam's long history of the Vietnamese people fighting against foreign powers.



Each chapter of the book not only serves as a short biography of each person of interest but also uses their stories to explore the broader historical context that these people lived in. For instance, Trinh's chapter provides an overview of the final days of the Second Indochina War to the Fall of Sài Gòn and the first wave of refugees, the discrimination against the ethnic Chinese in conjunction with rising tensions with China, and the second wave of Vietnamese refugees (most of whom were ethnic Chinese). The section also details aspects of the diaspora including attacks by Thai pirates, the poor living conditions at the refugee camps, the time refugees spent adjusting to Canada and the issue of mental health in the diaspora community. The Indochinese refugees did experience backlash and racism by Canadians, where 25% of refugees had reported experiencing racial discrimination, with the actual numbers likely exceeding that. The chapter ends on a positive note, stating that "without trying, Indochinese refugees, along with American war resisters, forced a consideration of the notion that compassion can trump fear and politicians can demonstrate courageous leadership that is worthy of those

they represent. If nothing else, it was shown that Canada is worthy of people like Rebecca Trinh". On a side note, one of her daughters, Helen, is a pharmacist.

The book concludes with the lessons learned from Canada's involvement in Việt Nam. The first pertains to the impact of the war on the Canadian national identity. The second is about how even with the best intentions and hard work, the right things cannot be done without the power to execute them. Third, there is the related lesson on the shortcomings of quiet diplomacy. The fourth lesson teaches citizens to trust less and protest sooner, referring to resistance against the 2003 Iraq War. The fifth regards the hypocrisy of pushing for peace while simultaneously gaining economic benefits from war. The last lesson is about the contradictory nature of resistance against refugees and how love and compassion will overcome these fears.



This book is an interesting read that weaves the lives of individuals into their greater historical and societal setting to create a fascinating narrative about mid-20th century Canada and Việt Nam, and strongly recommended for anyone curious about this little-known aspect of modern history. In terms of other books on Việt Nam, some I'd recommend are: *The Penguin History of Modern Vietnam* by Christopher Goscha, which covers the history from Dong Son civilization to present day as well as a brief history of the non-Viet Vietnamese people such as the Cham people; *Nothing Ever Dies* by Việt Thanh Nguyễn, a book that explores how the Second Indochina War is remembered; *Việt Nam: borderless histories* by Nhung Tuyet Trần and Anthony J.S. Reid, which incorporates a collection of ten essays to create a more diverse history of Việt Nam; and *Vietnam: Rising Dragon* by Bill Hayton, which explores the issues affecting post-war and contemporary Việt Nam.

LIMITLESS

Movie Review

By: Ashish Gante, 2T5

Between watching TV shows and movies, I much prefer binging TV shows. Knowing this, my friends added me to a group chat where each one of us would pick a movie to watch for a given month, and at the end of the month, we would discuss our thoughts. So for the first month, my friend picked Limitless as the movie to watch. As a fan of Bradley Cooper from his acting in the Hangover series, I was excited to watch Limitless!

I thought this would be a great movie to review as the premise around it is that Bradley Cooper (Eddie Mora) is given a pill called NZT-48 by his old friend that would

help him get past his writer's block. Revolving around the premise that humans only use 10% of their brain, Eddie uses the drug and is astonished at his abilities. He is able to recall things immediately and work extremely efficiently. Just imagine taking a pill that would make you extremely happy, rich, and productive. Essentially, a shortcut to the American Dream right? You could say NZT is simply a fictional version of Adderall but much more extreme. However, just like other stimulants, his dependence on NZT increases and he slowly needs to increase his dose.

This Limitless pill further explores this idea that humans only use a fraction of their brains and that with a quick biochemical fix, we can use the remaining portion of our brains (which really is just a myth). Slowly over time, Eddie realizes that the consequences of taking the Limitless pill are much worse than he initially imagined. He experiences symptoms that he calls "time skips". Essentially, time skips are pieces of his memory that he can't recall. It's so bad at one point that he loses 18 hours of his memory and realizes on the news the terrible things he had done during those 18 hours.

I would definitely classify Limitless as an action or thriller movie but one that doesn't follow the classic action script. While I generally don't watch movies that revolve around pharmaceutical drugs/companies, I found Limitless to be an exciting movie as Bradley Cooper kept me on the edge of my seat for the majority of the runtime. The premise of the movie is very strong - however, there are some subplots that are questionable and leave a little bit more to be desired as they are not teased out enough. Bradley Cooper does a great job of portraying the two sides of Eddie Mora, the side before the pill, and the one after using the pill. I would give Limitless an 8/10.



Five Korean Films to Watch

A Very Subjective List



Michelle Choi, 2T3



Maybe it's the unpredictable weather or the strangeness of being another year into the pandemic, but lately, the passing of time has felt especially unreal to me. At times like this, watching an interesting movie usually helps me feel a little less adrift. At the very least, it provides an hour or two of escapism. Over the past few years, I've been trying to watch more Korean cinema in particular. Korea has a thriving domestic film industry with a rich history, and there is a lot to appreciate beyond 'Parasite' and 'Squid Game'. So in keeping with the theme of this issue of the Monograph, I thought I'd share some recommendations for Korean films close to my heart. It's by no means a definitive list (and probably more reflective of my recent state of mind than any subjective measures) but I hope you can find something to enjoy.



Adapted from a Japanese novel of the same name, the movie follows a woman that quits her disillusioning life in the city to move back to her childhood home in the countryside. Through the four seasons, she throws herself into the agricultural life, finding joy in cooking and reconnecting with old friends. It's a film that feels like a reprieve from exhaustion and is also bound to make you very hungry.

Watch if: you like beautiful food montages or want to bask in the fantasy of idyllic rural life

Official streaming sites: KoreaOnDemand, Plex, Tubi TV



A dark fairy tale of a story in which an honest, hard-working woman struggling to pay for her comatose husband's care turns to violent revenge on a world that has only dealt her cruelty after cruelty. The film is a wickedly funny satire that punctuates its genuine fury with copious brutality and streaks of whimsy.

Watch if: you also feel angry at the world

Official streaming sites: Unfortunately, it doesn't seem to be available at the moment, but I encourage you to keep a look out!



Microhabitat (2017)

The film distills the philosophy of chasing “small but certain happiness”. The protagonist of the film, a self-assured 30-something housekeeper, spends her small wage strategically but leaves enough for her daily vices: a pack of cigarettes, one glass of whiskey. When there’s a price hike on cigarettes, she forgoes her small apartment and couch surfs with a string of old friends, all of whom have their own circumstances. It’s a kind and funny movie that is oddly comforting for its defiant outlook.

Watch if: you like movies where people wander

Official streaming sites: Tubi TV, Flimzie, Plex

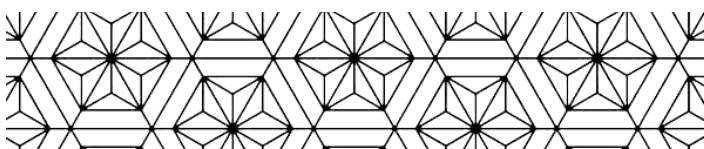


Save the Green Planet! (2003)

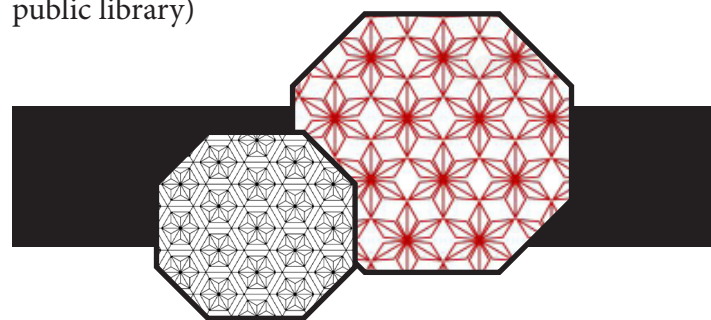
A bizarre and visually inventive movie that veers enthusiastically from black comedy to sci-fi to tragedy to horror. The protagonist is a melancholic conspiracy theorist convinced of an imminent alien apocalypse. With the help of his circus performer girlfriend, he kidnaps the CEO of a chemical company, who he believes is a hostile alien from Andromeda. It’s a brutal, darkly funny story with an improbably tender core.

Watch if: you want to watch something genuinely weird

Official streaming sites: Kanopy (available through public library)



Moonlit Winter (2019)



A teenage girl living with her recently divorced mother accidentally reads a love letter addressed to her mother and starts to wonder about her mother’s past. She concocts a plan to reunite them, and mother and daughter embark on a trip to a snowy town in Japan. This gentle, perceptive movie contemplates the loneliness of repression with loving empathy.

Watch if: you are in need of the movie equivalent of a warm cup of tea

Official streaming sites: KoreaOnDemand, Tubi TV, MUBI



SHAWARMA REVIEWS

Moid Shah, 2T3 & Khaled Ismail, 2T3

Shawarma is one of my favourite things to get when I eat out. Khaled and I have tried many different shawarma places and we thought it would be the perfect time to review some places we've tried recently. If you're ever willing to try out a new place and haven't tried any of the restaurants listed, now is your chance to get a guide to these establishments.



Ghadir Meat and Restaurant

Ghadir Meat and Restaurant has it all. It is a combination of a restaurant that serves shawarma and other great food, but it also has a grocery store inside and a butcher to sell meat. What makes this place so special is the value it offers. If you are out with your friends, you can get a dinner for 4 for \$35 that includes a circular tray of cut up bite size pieces of shawarma, some cut up

chicken and beef, 4 cans of pop and a whole lot of fries. For the amount of food you get at this price, it's definitely worth it. The value is one thing, but the food is genuinely good as well. The pita is crispy, and the meat is well cooked, and they give you a healthy serving of garlic sauce and hummus. If you're ever in Scarborough don't miss out on your chance to try this place out.

Shawarma Elsabil

Shawarma Elsabil

This is a smaller restaurant right next to a Freshco, but don't be mistaken - it's still great. The shawarma wraps are wrapped in a crispy grilled pita, and stuffed with whatever vegetables you desire. Not too different from any other place in terms of what's available, but what I love about this place is the owner and the experience inside. Underneath the counter you can see messages written by previous customers in marker. Some are cute messages that you might see carved in a tree like "Moid wuz here" or U+I circled in a heart. It adds character to the experience. On top of this, the owner is a pleasure. He has owned this location for 24 years, and is very approachable. He joked about how if we leave a review we should talk about the food because reviews calling him nice make his wife mad. The wait for the food flew by while talking to him. If you wanna have a nice time at a smaller shawarma place, while still enjoying good food, then check this place out.



Shelby's

This is the best shawarma I've ever had. What makes Shelby's so great is they continue to grow and do things differently, but the food remains unmatched. Just going off the baseline shawarma wrap itself, it is amazing. The shawarma made in the traditional style on saj bread is what I get. The specialty saj bread is thinner and soft, and the thin layer means you get more of the taste of what's inside. I love that they make the shawarma traditional style because along with the regular veggies and the meat, they also add fries inside the wrap. The wrap is filling, the service is great, and there's no other place like it. If you're ever in London, you have to try Shelby's.



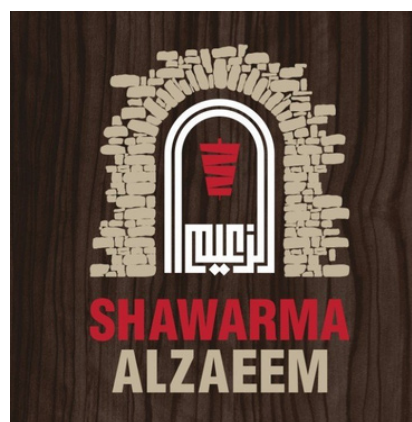
Osmow's

Not all of these reviews are going to be positive. I want to clear some misconceptions, because I'm sure a lot of people might only have been exposed to Osmow's and no other shawarma places, and find it to be satisfying. This is gentrified shawarma. When I eat Osmow's I feel like I'm eating a fast food rip-off of a cultural dish. In my opinion the shawarma is overloaded with sauce, and the flavouring is just not complete. Their chicken pieces are so bland that you get more flavor from the lettuce than the actual chicken! It's fine just to get once in a while if you've got nowhere else to go. But, you'd be foolish to think of Osmow's as a "good" shawarma place. Please, if you enjoy Osmow's, expand your palette and try some other places.



Shawarma Royale

The rising star. Started as a sole store in Waterloo. After gaining popularity they have expanded across the GTA and for obvious reasons. Their chicken shawarma is well seasoned - combine that with their special hot sauce and you get the perfect bite. The prices are reasonable and the portions may be deceiving. You will be surprised with how filling a couple of bites can be. So if you are trying it the first time, maybe try a portion a little bit smaller like the Queen wrap to satisfy your hunger. You will definitely be coming back to this place after your first visit.



Shawarma Alzaeem

When it comes to shawarma, the chicken is usually the star of the show. Shawarma Alzaeem however has decided to shake things up and give the spotlight to their beef shawarma and why would they not! What they managed to do with the beef shawarma will immediately convert you to the #TeamBeefShawarma fanbase. The beef is simply stellar with its charred flavor and mixed with parsley, pickle and garlic sauce, you get the added bonus of an amazingly flavorful bite. The worst part however will be your last bite, because you will definitely be craving for more! Tip: always ask for the traditional mix when ordering the wrap.



Noble Pursuit

YOSEPH KLEIMAN, 2T3



Every good online recipe needs a story. I started playing video games at a young age and was always drawn towards the Nintendo consoles. My favorite game series has always been The Legend of Zelda. I've spent over 100 hours enjoying the most recent title in the series, Breath of the Wild. Another hobby of mine is making cocktails for friends when hosting bonfires in the summer months or indoor gatherings in the winter. I usually stick to mixing simple things that are easy to make with two or three ingredients, such as a Tequila Sunrise or a Gin-Tonic. However, wishing to expand my compounding skills, I was delighted to find a recipe for a cocktail inspired by a drink found in the same Zelda game I had recently spent so many hours playing. The name of the

drink is a "*Noble Pursuit*," following a quest in the game to make one that is titled "*The Perfect Drink!*" Although the steps in making this cocktail are more complicated than a simple, two ingredient drink, the result is well worth it. I hope you enjoy, cheers!

Ingredients:

(Recipe makes 1-2 servings)

- **8 mL (25 oz) simple syrup** (if not found in store can be made by mixing $\frac{1}{2}$ a cup of water and $\frac{1}{2}$ a cup of sugar in a saucepan at medium heat and mixing until all the sugar dissolves into the water)
- **60 g frozen watermelon chunks** (can buy frozen watermelon puree, or freeze a cut up watermelon)
- **22 mL (75 oz) of lime juice**
- **60 mL reposado tequila** (any yellow tequila will work well, pick your favorite, I prefer El Jimador)
- **100 g of ice** or to be more accurate to the video game, frozen coconut water
- **1 pinch of salt**
- **8 mL (25 oz) Special syrup:**
 - ◊ 200 g dragon fruit, or dragon fruit puree
 - ◊ 200 mL water
 - ◊ 400 g organic palm sugar

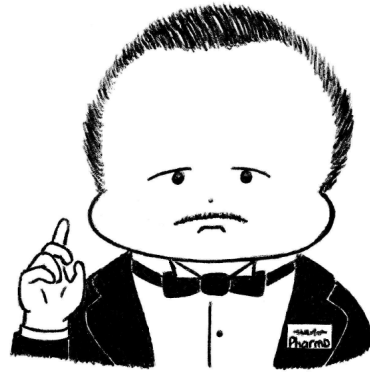


Preparation

1. Prepare the special syrup by placing all the ingredients into a pot and heating to a boil. Stir constantly until a uniform syrup is made, then strain the fluid into a bottle (straining will help prevent seeds/pulp from the dragon fruit from entering the syrup).
2. Place the ingredients into a blender and blend until a consistency a little looser than a smoothie is reached.
3. Pour into a tall glass for one serving, or two smaller glasses for two servings.
4. Garnish with fresh mint. If you want to be extra fancy, add a wedge of watermelon.
5. You've completed the perfect drink quest and made a noble pursuit, Enjoy!



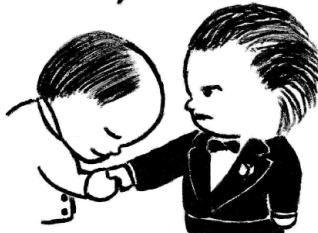
The Godfather



YOU COME INTO MY PHARMACY ON SENIORS' DISCOUNT THURSDAY AT 4 O' CLOCK AND YOU ASK ME TO SHOW YOU HOW TO USE THE GLUCOSE METER.

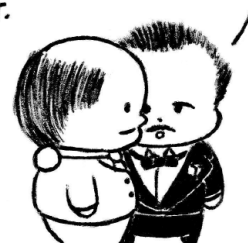


PLEASE... GODPHATHER.

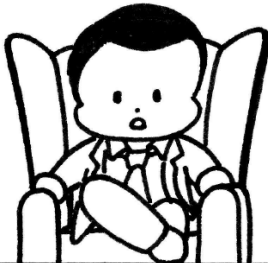


GOOD. COME INTO THE COUNSELLING ROOM.

SOMEDAY, AND THAT DAY MAY NEVER COME, I'LL CALL UPON YOU FOR A DISPENSING FEE. BUT UNTIL THAT DAY, CONSIDER THIS A GIFT.



I HAVE TO DO A MEDSCHECK RIGHT? LET'S SET THE APPOINTMENT.



NICE COLLEGE BOY, HUH? DIDN'T WANT TO GET MIXED UP IN THE FAMILY BUSINESS? NOW YOU WANT TO DO A MEDSCHECK?

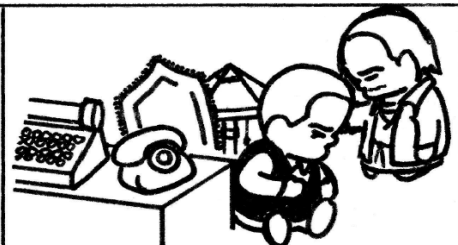


IT'S NOT PERSONAL, SONNY. IT'S STRICTLY EDUCATIONAL.

MY SUPERVISOR IS CRYING AND CLUTCHING HER BINDER. I CAN HEAR A PIN DROP RIGHT NOW. CONSIGLIERE OF MINE, I THINK YOU SHOULD TELL YOUR DON WHAT EVERYONE SEEMS TO KNOW.



YOUR STUDENT PUT ALL THE PC'ED BAGS INTO OUTBOX - INCLUDING THE DELIVERY.

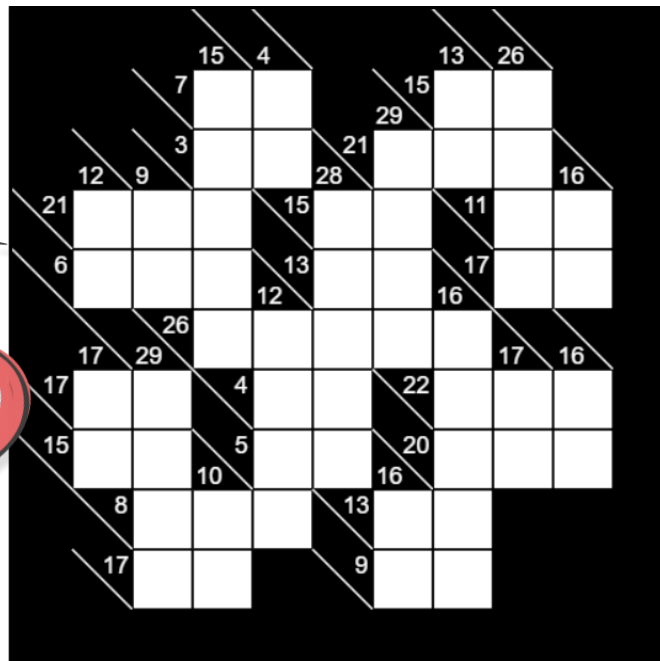


I WANT NO INQUIRIES MADE. I WANT NO ACTS OF VENGEANCE. I WANT YOU TO ARRANGE A MEETING WITH THE HEADS OF THE FIVE FAMILIES. THIS MADNESS STOPS NOW.

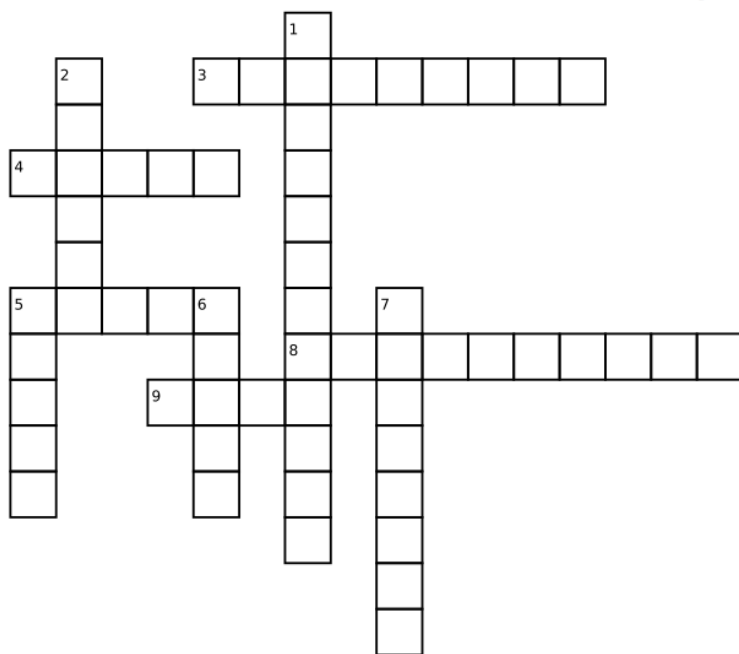


Puzzles, puzzles, puzzles

by Maira Hassan, 2T4



Kakuro Rules: Place a digit from 1 to 9 into each empty square such that the total of each run sums to the total given above or the left of that run. Digits cannot be repeated within a run.



Down:

1. Unprepared tourist's surprise
2. Say 'good morning' in Portuguese
5. Taekwondo originated in this country
6. This country has a free wine fountain
7. These triangular shaped tombs in Egypt contain Pharaohs

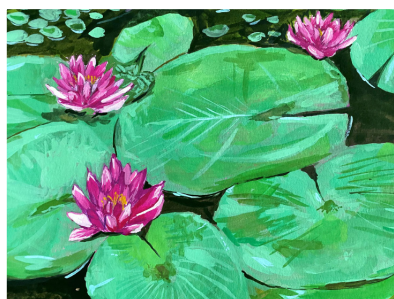
Across:

3. Women were forbidden to climb this giant mountain until 1868
4. Say 'friend' in Spanish (masculine version)
5. Japanese writing system
8. This is the smallest country in Africa
9. Red envelope contents

Artist Spotlight



Khoa Vu, 2T3



"Lilly"

Ruba Ullah, 2T5



Khoa Vu, 2T3

Pharmacy Shout-outs!

- 🇨🇦 I love Ashish
- 🇧🇩 Shout out to Nick for his amazing discord server!
- 🇯🇲 I love how positive Ubaid is all of the time!!
- 🇵🇰 Sally is the SWEETEST, most caring & selfless person out there. She's brought me so many snacks and meals to the pharmacy building & brightened my days. Idk what I would do without her ❤️
- 🇬🇧 Shout out to Alex for being my egg donor 😊
- 🇺🇸 To both Annas for running COMPPS ❤️
- 🇸🇩 Shout out to Moid for always helping me study for exams, wouldn't be making it through the program without you!
- 🇮🇹 Michelle & Eulaine for living at PB with me last semester ❤️
- 🇺🇸 Shout out to Ben Dover for being an Institutional Care legend.
- 🇧🇪 Erwin, the best iguana I ever did see!
- 🇹🇷 S/O to Michelle, hope you found your lipbalm!
- 🇮🇳 I would really like to shout out Ben Dover for encouraging inclusivity, and helping to keep this program a positive environment for faculty and students!
- 🇺🇸 Shout out to George, easily one of my favourite people in the program.
- 🇮🇹 Shout out to horses, its horse you fool!
- 🇺🇸 Shoutout to Yuri in 2T4 for being an incredible study buddy and helping me craft amazing notes. You rock dude.
- 🇮🇹 S/O to Ben Dover for his incredible time management skills.
- 🇨🇦 Shout out to horse, you really helped me horse.
- 🇺🇸 S/O to my boi Yoseph for explaining research to me when I couldn't get it at all.
- 🇺🇸 Gonna shout out Parth for being Parth, I think it's self explanatory.
- 🇮🇳 Moid Shah
- 🇮🇳 Neil Patel
- 🇮🇳 Neil Patel
- 🇺🇸 Neil Patel
- 🇮🇳 Moid Shah
- 🇺🇸 Shout out to Parth for being a great CAPSI rep and for Neil for being an awesome secretary treasurer

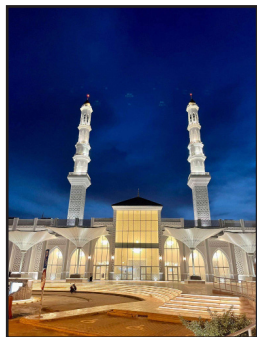
MINARETS AROUND THE WORLD



Sabih Jamil, 2T3



Sabih Jamil, 2T3



Sabih Jamil, 2T3



Sabih Jamil, 2T3

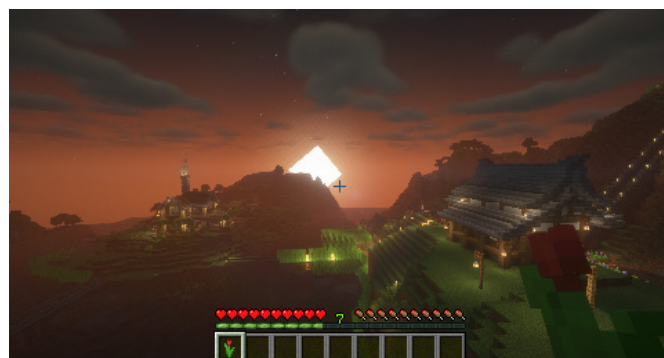


Sabih Jamil, 2T3



Behind the Lens

PHOTOGRAPHY



“Only nice house I can afford in Toronto”
anonymous



Janet Geum, 2T4



Janet Geum, 2T4



Peach & Pepper
Ashley Domingues, 2T4



Peach & Pepper
Ashley Domingues, 2T4