

PQ PLUS 2



PHARMACIST AWARENESS MONTH

WIN A STARBUCKS CARD!
PAGE 28

Check out what APSA has planned this month!

DAY IN THE LIFE

Learn what it's like to work in the Remand Centre!

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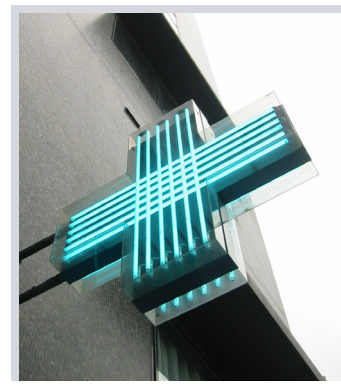
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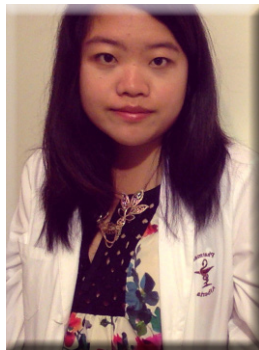
Three words: Deconstructed.
Berry. Cheesecake.

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EDITORS' NOTES

FLICKR IMAGES: NICOLAS RAYMOND, NINA MATTHEWS, MICHAEL JARDEEN & SEAN HABIG

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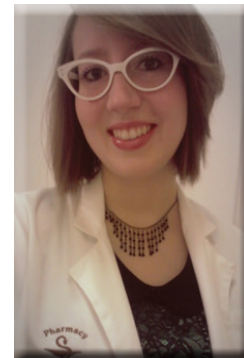
#threepeat mention :P). All joking aside, I'm so proud of how great pharmlers from all years did – from the sick rhymes of 2018, to the sweet tunes of 2017, and the Britney throwback from 2015!

Hello fellow pharmlers! Can you believe it's March already?! Seems like the year has just blown by – kind of like how my beautiful, amazingly talented fellow 2016'ers blew away our B&G competition! (Obligatory

While you'll have to wait until our last issue for the official recap (we've got to keep you all coming back somehow!), this issue of the PQ is jam-packed with not-to-be missed content. We give you the inside scoop on PAM, the Residency and PharmD programs, Remand Centre

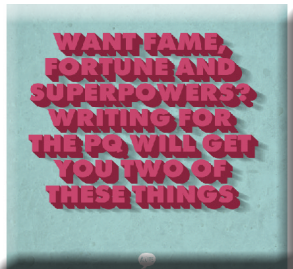
pharmacy, APSA elections, aching job interviews, a surprise rebuttal to our Julio's review from the last issue, and so much more! Take a breather with the PQ – you won't regret it!

Grace Wong



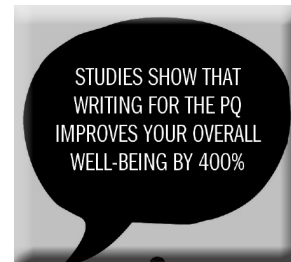
Some words of wisdom from your editor: after every threepeat there will soon be defeat.

Morgan Basiuk







GET INVOLVED - WRITE FOR THE PQ!

Like to write? Join the PQ Column Club by submitting a piece about anything that's on your mind to the 3rd and 4th year PQ editors Grace Wong (ggw@ualberta.ca) or Morgan Basiuk (basiuk@ualberta.ca), and get ready to see your name in the spotlight!



PHARMACIST AWARENESS MONTH 2015

<p>SAT Feb 28th 4pm-midnight Blue & Gold Ball @Expo Centre</p>	 <p>APSA ALBERTA PHARMACY STUDENTS' ASSOCIATION</p>	<p>MON Mar 2nd 12 - 1pm SAF-PHARM: fibromyalgia @ECHA 1-498</p>	<p>MON Mar 2nd 6 - 8pm PAA: Unique Practice Settings @ECHA 2-490</p>	<p>FRI Mar 6th 12 - 1 pm IPSF: Global Health Talks @ECHA 1-490</p>
<p>MON Mar 9th 12 - 1pm HSSA: IP Seminar @MSB 231</p>	<p>WED Mar 11th 11 - 2pm Blood Pressure Clinic @City Hall</p>	<p>FRI Mar 13th 12 - 1 pm Diabetes Panel Discussion @MSB 231</p>	<p>SAT Mar 14th 5 - 8pm Alumni Hockey Game @Clare Drake Arena POST-GAME @SU RATT</p>	<p>MON Mar 16th 5 - 8pm CSHP Career Night @Faculty Club</p>
<p>WED Mar 18th 12 - 1 pm RxA Lunch & Learn: Malpractice Symposium @MSB 231</p>	<p>FRI Mar 20th 8 - 12pm Hot Chocolate Giveaway! @CAB hallway</p>	<p>MON Mar 23rd 12 - 1pm Disability Discussion @MSB 231</p>	<p>WED Mar 25th 12 - 1pm CPhA: Lunch & Learn @MSB 227</p>	<p>WED Mar 25th 5 - 8pm uAlberta CAPS Career Night @Lister Hall</p>
<p>FRI Mar 27th 1 - 4pm Diabetes Clinic @West Edmonton Mall</p>	<p>SAT Mar 28th 10 - 2pm Ronald McDonald House Lunch</p>	<p>SAT Mar 28th 7pm-midnight Pharmacy Mixer @SUB RATT</p>	   <p>CAPSI • ACEIP</p>	<p>WED Apr 1st 12 - 1pm Young Leaders Inspiring Change @MS 231</p>

#uAlbertaPAM myapsa.ca/PAM

DEBUNKING MYTHS IN PHARMACY

ARE YOU READY FOR PAM?

BY HELEN MARIN

What/Who is PAM? PAM is a 54 year old single woman ready to mingle, who loves flowers and long walks on the beach. Just kidding!!! As you all know, PAM stands for Pharmacist Awareness Month, and it's aimed at raising awareness about the increasing role that pharmacists play in health care, beyond dispensing. Let us come together with the rest of our provincial and national pharmacy associations across Canada to improve the public's awareness about the expanding role of pharmacists, and how we can help them!

Social Media Challenge

The Social Media Challenge for PAM is here! This is your chance to put your creativity and photography skills to the test and win some PRIZES!

Throughout PAM, we will be judging your photos and giving out prizes at the end of the month in each of these three categories:

- 1) Best Picture with a Faculty member or Guest speaker
- 2) Best Picture Busting a Pharmacy Myth
- 3) Most Creative Picture

Don't forget to grab your PAM pin and advocate for pharmacy! To have your photo entered, you must use #UAlbertaPAM and #PAM15. Post your awesome and creative pictures on Instagram, Facebook and Twitter in order to win those prizes!

"This year, we are excited to host the second annual Pharmacy mixer! We invite students to come join us at that The Room At The Top (RATT) on March 28th for a night of networking, prizes, socializing, and for the opportunity to learn more about our profession from licensed Pharmacists. Students will be given the chance to discuss pharmacy related topics with practising pharmacists in a friendly setting. This will be a black-listed event starting at 7pm so be sure to clear your calendar. We look forward to seeing you there!" - **Alyssa Schmode CAPSI Jr.**

Here are a couple of pictures in case you need some inspiration!



BUSTING THE MYTH:

"PHARMACISTS DON'T TOUCH PEOPLE"

Jill Yates, Pharmacist and Diabetes Educator, giving a flu shot at the Save-on-Foods Pharmacy located on Baseline in Sherwood Park.

If you have any questions, suggestions or want to volunteer please email me at hmarin@ualberta.ca

Helen Marin VP-External
(Co-Chair of the PAM committee)



BADGE DESIGN: BASIA CHADORSKI

**CREATIVE PICTURE:
PHARMACISTS DON'T JUST
COUNT PILLS!"**

The Famous "Moo" dressed as a pharmacist counting pills.



PHOTO CREDIT: HELEN MARIN

"PAM is an amazing opportunity for students to get involved and not only give back to our profession but to the community as well! We have an exciting list of events planned that are both educational and fun: everything from Lunch and Learns to a Diabetes Clinic at WEM! We are also raising money to donate to the Juvenile Diabetes Research Foundation. As future pharmacists we will be encountering and helping manage the health of diabetic patients every day in our practice. Raising money for diabetes research is just another way we can give back to our patients and help improve their quality of life! I implore each of you to come out and get involved! Take advantage of this wonderful opportunity to advance our profession forward and help us show Albertans that we are more than just pill pushers!" - **Dan Burton CAPSI Sr.** (Co-Chair of the PAM Committee)

SPORTS CORNER

BY DANA MOYNIHAN

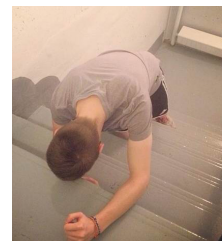
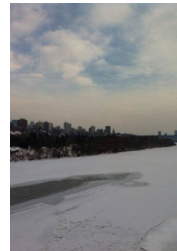


PHOTO CREDIT: #FITPHARM

#FITPHARM - PHARMACY FITNESS CHALLENGE

Thank you and a HUGE congratulations to all who participated in the first ever pharmacy fitness challenge!! It was so inspiring to see you all trying new things and getting out there to stay fit and have fun! Badminton, spin class, stairs and checking out the new PAW centre, you truly embraced the challenge, and for that I commend you!

Congratulations to Vanessa Ivec from the class of 2018 on winning the \$25 Booster Juice gift card!

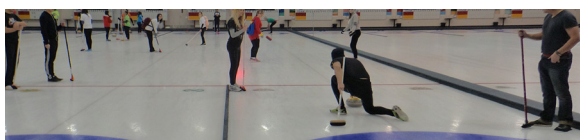


PHOTO CREDIT: YEARBOOK EDITORS

CURLING FUNSPIEL

The curling funspiel of 2015 rocked! 10 teams battled it out at the Saville Sports Centre for an amazingly fun night of curling! It all started off with a lesson by the curling master himself, Mr. James Frobb. He showed us how to master the curl with a few basic fundamentals. We then moved into our games and I must admit, I was very impressed with some of the curling I saw. I even saw a few people hit the button! We had some amazing costumes such as sushi, dominoes and the man maids! A huge thank you to Save On Foods, as it would not have been possible without them. In the end one team reigned supreme, and that team was Andrea, Surya, Rebecca and Sarah from the class of 2016! Thanks to all who participated, and if you missed out this year be sure to be on the lookout for sign ups next year!

APSA 2015 ELECTIONS

BY YASIR IQBAL

Disclaimer: All descriptions have been simplified. Please consult the APSA constitution (available in the "About us" section on myapsa.ca) for a comprehensive list of duties and responsibilities.

Additional disclaimer: These descriptions were created before the candidates were known.

President-Elect: "The shot caller." This is a 2 year position involving a transition to president after one semester and a transition to past-president after serving one year as president. They are responsible for overseeing all APSA operations and providing guidance and direction to APSA council. Current President is Humirah Sultani. Candidates are: **Helen Marin, Daniel Leung, and ParmHope_15.**

VP External: "The face of Pharmacy." Chair for Mr. Pharmacy, co-chair for Pharmacy Awareness Month. Must we say more? Current VP external is Helen Marin. **No Candidates—Position will be up for bi-election.**

VP Academic: "Your top faculty liaison." This VP sits on the ACP council. They are responsible for professionalism, awards, and representing your best interests to the faculty. Current VP academic is Bryan Hodgson. Candidates are: **Aliaksandr Savin and Mehnaz Anwar.**

VP Admin: "APSA's engine." Basically they are responsible for ensuring APSA doesn't crash and burn. Current VP admin is Katie Hamelin. Candidates are: **Kevin Thai.**

VP Student Services: "Heart of APSA." They ensure students have access

to all the services that they will need. Textbooks, lockers, wellness events, and student space is managed by VP SS who is currently Jon Hung. Candidates are: **Yasir Iqbal and James Tao.**

VP Finance: "Ye who makes it rain." They are responsible for ensuring accountability for APSA's entire budget and tracking the flow of money in and out. Current VP finance is Sam Turner. Candidates are: **Roy Tram and Karlson Kennedy.**

VP Social: "Dispenser of Fun." This person is responsible for all our social events including TGIFs and Blue and Gold. Current VP social is Brittyn Ozipko. Candidates are: **Samantha Davidson and Will Chan.**

Fundraising Director: "Cash creator." Responsible for ensuring we have money to do everything we want to do with from external sources. Current FUN-draising director is Kevin Thai. **No Candidates—Position will be up for bi-election.**

Inter-professional Director: "Friendliest person you know." This position must ensure that the students of Med, Nursing, Nutrition,

etc are cool with pharmacy students. Current IP Director is Kimiko Spence. **No Candidates—Position will be up for bi-election.**

Community Education Director: "I do it for the kids." Amongst other things, this person must ensure there is ample opportunity for first years to get those bonus marks in Communications. C.E. Director is Scott Wakeham. Candidates are: **Eman Saleh and Pawandeep Gill.**

Recruitment Director: "Brings in more jobs than the gov. of AB." Responsible for organizing independent and career night and updating job postings on the APSA website. Current R.D. is Mehnaz Anwar. Candidates are: **Phoebe Hsu.**

Publications Director: "Over-glorified media boy/girl" They are responsible for overseeing the Pharmacy Quarterly Magazine, grad photos, Yearbook, Website, and Facebook for APSA. Currently the honour is bestowed upon one Yasir Iqbal. Candidates are: **Alyssa Aco.**

IPSF Representative: "The real Mr/ Ms. Worldwide." This position must



promote international pharmacy opportunities within APSA and keep us in the loop of what's going on in the world of pharmacy. Currently this position is held by Phoebe Hsu. Candidates are: **Mariah Anderson and Winnie Lo.**

CAPSI Jr. Representative: "Nothing Jr. about this role." This position is a 2 year term involving a transition to CAPSI Sr. after one year. They are to promote CAPSI to us and help run a variety of events within and outside of APSA. Current CAPSI Jr. is Alyssa Schmode. Candidates are: **Marline Aizouki.**

CSHP Representative: "CSHP's messenger." They are to promote hospital pharmacy to students and promote student interests to hospital pharmacists. Currently this position is held by Vyto Jankauskas. Candidates are: **Saleem Alsaadi, Xing Sun, and Josh Simpson.**

Sports Reps: "Healthiest people you know." The male and female sports reps are responsible for intramurals and APSA sporting events like the Curling Funspiel and Alumni Hockey game. Currently the reps are Dana Moynihan and Callen Kenyon.

Candidates are: **Christine Boltezar (female). No current candidates for male sports rep.**

Class reps. "The real MVP's." Your class rep is your voice and representative to APSA and the professors. They promote all APSA events to you and keep you informed. Talk to your current class reps to learn more about this position. Fourth year involves two class reps, one for fall and one for winter. This year the class reps were.... You should know who your class rep was! Karlson Kennedy for 2018, Daniel Leung for 2017, Siobhan Gallivan for 2016, Katie Swan for 2015 fall, and Alysha Hemraj for 2015 winter. Candidates are: **Katie Hamelin (2016 Fall), Dana Moynihan (2017). No current candidates for 2016 Winter and class of 2018.**

Other elected positions include the 5 social reps (2 for 4th year), SU representative, SAF pharm Director, GFC representative, Grad committee chair (new), and PharmD representative.

Candidates are:

- **Class of 2017 Social Rep: Wendy Xu and Carly Maxwell**
- **No candidates for class of 2016**

Winter/Fall Social reps and Class of 2018 Social Rep.

- **SU Representative: Bryan Hodgson**
- **No candidates currently for GFC rep, SAF pharm Director, and Grad Committee Chair.**
- **PharmD rep will be elected when classes begin.**

Nominated positions are not elected and include: IT officer, Pharmacy Quarterly Editors (2), Yearbook Editors (2), and SHINE Clinic Representatives (2).

ALL POSITIONS WITH NO CANDIDATES WILL BE UP FOR BI-ELECTION AFTER THIS ELECTION IS OVER ON MARCH 24, 2015. FOR MORE INFO PLEASE CONTACT THE C.R.O.

The Chief Returning Officer (C.R.O.) for this year is **Jay Mutch** and his email is jmutch@ualberta.ca

PLEASE REMEMBER TO VOTE: Thursday March 19,20 2015 are the online voting days. Mark them in your calendar. Winners will be announced Tuesday March 24 around 5 pm.

A MESSAGE FROM CAPSI

NATIONAL

(THE CANADIAN ASSOCIATION OF PHARMACY STUDENTS & INTERNS)

BY CAPSI NATIONAL

To quote Sir Winston Churchill, “Many forms of government have been tried and will be tried in this world of sin and woe. No one pretends that democracy is perfect or all wise. Indeed, it has been said that democracy is the worst form of government, except for all the others that have been tried from time to time.” The former prime minister of Britain brings up an excellent point that no democracy, or any of government for that matter, is perfect; each has its flaws. CAPSI National is no exception - our organization and election process is not perfect. However, as an organization CAPSI National continues to strive for excellence, transparency and to maintain our due diligence for our members.

CAPSI’s vision is a national community of pharmacy students and interns empowered to advocate for the advancement of the profession towards excellence in patient-centred care. We value unity, professionalism, advocacy, academics and excellence and we pride ourselves on our membership relations.

Concerns raised about our election procedures reflect our open dialogue with our members, but more importantly, it highlights a lack of transparency and awareness about our election procedures.

Unlike the Stonecutters society (“Who



IMAGE CREDIT: CAPSI FACEBOOK PAGE

keeps Atlantis off the maps? Who keeps the Martians under wraps?") CAPSI strives to advocate for the interests of Canadian pharmacy students in the 10 pharmacy faculties in Canada.

In our efforts to be an open and transparent organization, we have posted all of our meeting minutes, our by-laws and constitution on our website www.capsi.ca.

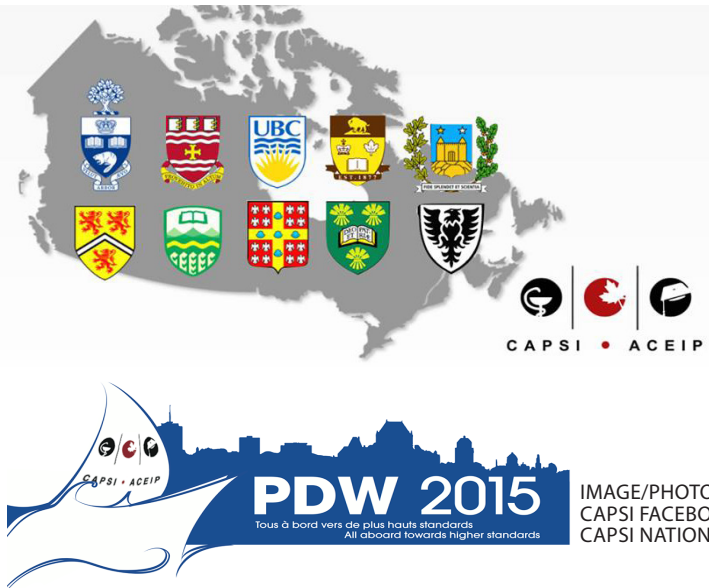
Election protocols are listed under point 4 here: http://capsi.ca/other/bylaws/CAPSI_OM_2011.pdf

Each school elects two local CAPSI representatives, independently. Moreover, each school has a slightly unique way of nominating and electing these representatives, but all schools choose these individuals. The local representatives are elected to represent their school on CAPSI’s national stage and in all CAPSI related business.

There are two challenges that CAPSI faces at each election, and unfortunately both are due to the

logistical challenges of having a council that stretches from coast to coast. CAPSI executive members come together face-to-face only twice a year. The rest of our work happens through (many, many) emails, phone calls and teleconferences. Our executive members and their specific responsibilities are less visible than those of local student government positions. To compensate, we take the opportunity at PDW – our largest and best-attended event – to hold CAPSI’s Annual General Meeting (AGM) to share what we do for our members year round. For this reason, we allow interested candidates to submit applications for positions on council after our AGM and 24 hours prior to the elections. It is also for this reason that we do not regulate, or otherwise limit, promotional campaigns.

Our second challenge is the diversity of the schools we represent. Each pharmacy faculty across the country has different class sizes ranging from 30 to over 200 students per class. This is based on differences between provincial populations, resources, and universities. Within each university,



IMAGE/PHOTO CREDITS:
CAPSI FACEBOOK PAGE
CAPSI NATIONAL

there are also varying levels of CAPSI memberships. At some schools, membership is compulsory, while at other schools membership is optional. Therefore, the votes allocated to local representatives are divided based on the number of CAPSI members at each university. Though imperfect, this helps to ensure that each CAPSI member is represented fairly. This system of vote allotment is based on the distribution of ballots used in the House of Commons of Canada that highlights the principle of 'representation by population.'

At the elections, after the members have had the chance to hear from each candidate and review their curriculum vitae and letter of intent, the senior and junior representative of each school promotes discussion among their members in order to gain comments about each candidate. Local representatives then gather a general consensus, which is brought forward at the national council meetings for further discussion. At this meeting, the President leads a non-biased discussion, where each position and candidate is reviewed but personal opinions and actual votes are not discussed. The review begins with the outgoing

Executive council member, who presents their responsibilities, insight into future responsibilities of their position on council and impression of the candidates. The general council then discusses important points or questions about each candidate that their membership had during the elections. Finally, the President will bring the discussion to a close and ballots will be cast.

Each senior and junior representative is allotted one vote (as is every executive council member, except for the president, past-president and all ex-officio council members). Each school is given an additional vote for every 200 CAPSI members. The number of votes each school is allotted is organized by the National Secretary and made public prior to the elections. Following the elections, council meeting discussions, and voting, the ballots are counted by the Secretary and a scrutiner (one of the non-voting council members). Results are revealed to the President, who speaks to each candidate prior to the announcement of the new council at the PDW closing gala.

CAPSI understands that the voting process implemented at PDW is flawed. Rest assured we are striving to make improvements to our election process. In an effort to be more transparent and to have direct feedback from our membership, CAPSI National has planned to implement the following:

1. Open our meetings to general members who wish to see how council meetings run. This will happen at PDW and will be worth an attendance point.
2. Start an ad-hoc committee to review election procedures and how best to run our elections (starting May 2015).

In conclusion, we would like to reinforce the importance of your opinions as CAPSI members; therefore, if you have any questions, comments or concerns about how you are represented as a CAPSI member, please do not hesitate to contact your local representative or CAPSI National (pres@capsi.ca).

Please note that this article is written in response to the article titled 'An Open Letter to CAPSI' in the U of A Pharmacy Quarterly and the CAPSIL (in the Summer 2015 issue).

INCLUSIVE LANGUAGE: HOW TO BREAK A THERAPEUTIC RELATIONSHIP WITHOUT EVEN STARTING IT

BY SCOTT WAKEHAM

THINK ^{BEFORE} YOU SPEAK

Could you be alienating patients and trying to build therapeutic relationships on broken ground without even knowing it? The language you use expresses your views and opinions without you even realizing that you have. Additionally, you may not actually hold these views, but the language you are using says differently. As pharmacists, we will be practicing under ethical constructs that you may be violating without second thought. We are to maintain a professional relationship with patients and respect their autonomy and dignity. How can we accomplish this when we are unknowingly using language and terminology that offends and degrades our patient's life style and/or medical condition?

Below are 3 common areas where inclusive language can be introduced. These are just a small sample, and inclusive language exists in other areas as well. Check yourself before you wreck yourself, and give a read below to see if what you say is being misinterpreted, and how you can fix that.

BE A PART ^{OF THE} SOLUTION

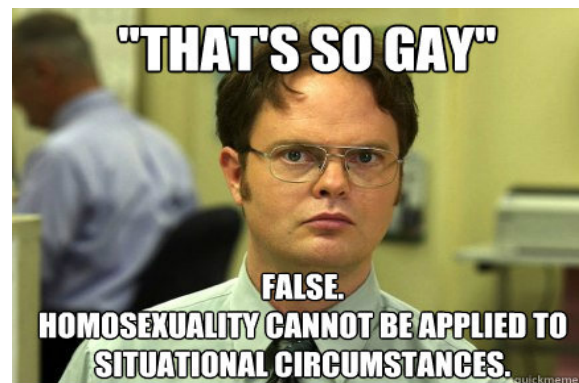
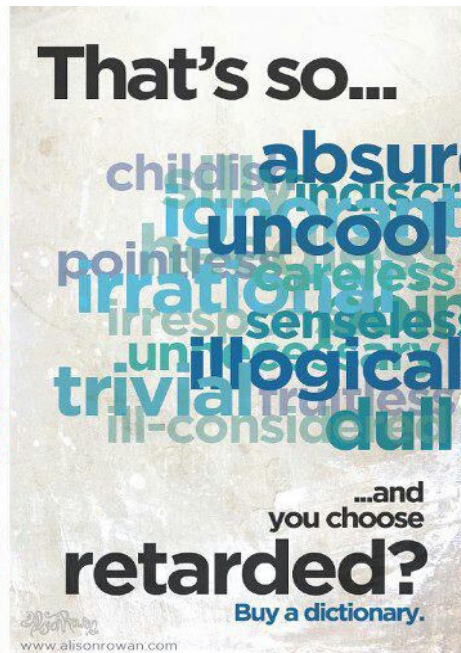
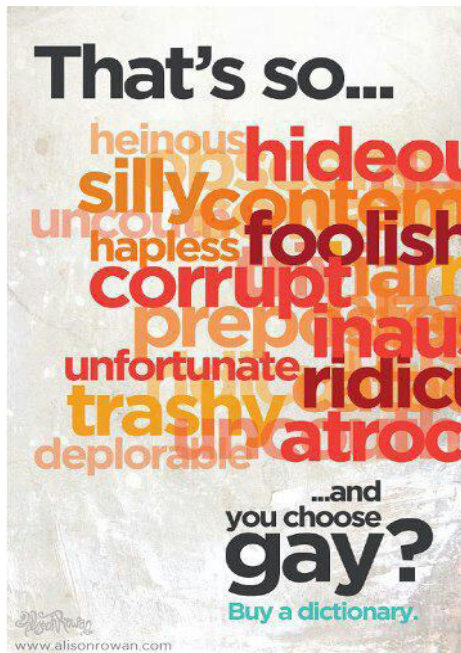


Mental Health

When was the last time that you saw a patient that was totally crazy? Acute manic phase? Why not just say that? When was the last time that you saw a totally crazy storm? Was it unbelievable or scary? Why not just say that?

By using crazy as a synonym to scary, unbelievable, etc. your patients may feel like you don't respect their illness or think it's scary or unbelievable. In your practice, you will undoubtedly encounter patients with mental illness.

If you say...	Try saying...
I'm so depressed because... (they had no pizza, I have to go to class, etc)	Sad, heartbroken, glum, forlorn
(The traffic today) was so crazy!	Wild, unbelievable, silly, ludicrous
I'm so OCD about...	Particular, organized, structured, type A, anal-retentive
You're acting crazy	Wild, silly, goofy, absurd
That was seriously bipolar	Inconsistent, undulating, back and forth



Sexual Orientation and Gender Identity

That's so gay. Cindi, is your boyfriend or husband at home to help you? Yeah, this sildenafil should make your girlfriend/wife a happier camper. Excuse me.. uhh sir..? ma'am? Yeah. You.

Unless you know someone is married to or dating a person of a specific gender, never assume that it's with the opposite gender! Use gender-neutral language to better facilitate an open mind and allow the patient to direct the conversation. You may have a patient who is androgynous, intersex, or transitioning. Ask which pronouns they would like you to use or listen to what language they use.

If you say...	Try saying...
Husband/wife/girlfriend/boyfriend	Spouse, significant other, partner
He/him/her/she/his/hers	They, their
That guy, man, woman, girl	Patient, use their name
Gay	(depending on implication) Ridiculous, weird, strange, unfair, joyful, happy etc.

The R Word

I really hope that this one isn't a surprise. Don't say retarded. Plain and simple.

If you say...	Try saying...
Retarded	Person with a developmental disability OR what you actually meant



Want more information? Calgary Health Region has published a guide about inclusive language that has even more examples.

Find it at http://www.ccis-calgary.ab.ca/uploads/CDIS/Diversity_Resource_Centre/Inclusive_Language_-_Alberta_Health_Services.pdf

CAREER COLUMN

BY MEHNAZ ANWAR & GRACE WONG

Can you believe it's almost March already? Time flies when you're studying therapeutics (enjoy Derm, 2018ers!) Now, when Notorious B.I.G. said "mo' money, mo' problems" – he obviously didn't have tuition on his mind. And in the words of our favourite speech-interrupting Beyoncé advocate, Kanye West, "we ain't messin' with no broke pharmacist!" Once again, it's that time of year when the good ol' job hunt begins – and as always, the PQ+2 has your back. This edition of the Career Column will help you fix you up your resume and conduct an interview so stellar that you'll soon be rolling around in ice, ice, baby.



IMAGE CREDIT: FREEPIK.COM

RESUME

The main categories of a resume should include **highlights, education, work experience, and references**. To stand out from the crowd, you may want to include other categories like **extracurricular activities, volunteer work, or accomplishments/certifications** – but only include these if what you've done has allowed you to gain skills important to the job you're applying for! (Sorry, but this means your Air Guitar World Championship – yes, this is a thing - won't make the cut).

Highlights: As we mentioned in our previous article, this section should include your strongest skills/ accomplishments that relate to the skills required by the job.

Education: It's time to de-clutter! It isn't necessary to include your high school diploma here anymore, especially if you have achieved or expect to obtain a degree/diploma from a university or college.

Work experience: Start off by listing the jobs you've had from most recent to least, and keep it relevant to the job you're applying for. This doesn't mean that you should only put pharmacy work experience here, though! Include jobs where you learned important skills such as teamwork, organization, leadership, verbal/ written communication, and problem solving – these are all valuable skills needed in a pharmacy!

References: This section should simply state "references available upon request". The truth is, some employers check references and some do not. If you include a list of references on your resume, the employer may call them while reviewing your resume and you may not even get an interview.

Overall tips: You aren't generic, and your resume shouldn't be either! Avoid the pitfall of having "one resume for all jobs". Make an "inventory of skills" by writing down a list of skills for each job you've had, and then pick and choose from this when creating a resume targeted to a specific job.

Check your spelling and grammar, and make sure you have an appropriate format with headings and bullets. Nothing will get your resume disregarded faster than a complicated, messy-looking resume with a bunch of spelling errors! Don't turn it into a novel either: two pages should be a sufficient length. Remember to keep the font and its overall appearance simple and easy to follow (and no Comic Sans, please!)

INTERVIEW

There are certain questions that most employers will be asking you, so help yourself by preparing ahead of time!

An employer is likely to ask **why you chose pharmacy** as your career. Before the interview, think of what things inspired you to pursue pharmacy: this could include volunteering at a pharmacy, working with an incredible pharmacist, or the expanding scope of practice.

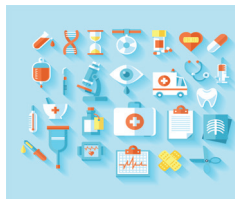


IMAGE CREDITS: BIGSTOCK (PAINTERR), FREEPIK.COM

Everyone has interesting stories to share about life or work experiences, but when we're put on the spot at an interview, a deer-in-the-headlights effect can happen and we may forget our most memorable ones! Employers are often interested in stories that **indicate a problem, how you solved it, and what was the result** (benefit for the company, improvements, and/or skills that you gained). Before your interview, have at least three stories at the ready, which will show your employers how you've grown as a person. Questions that you will likely hear include "tell me about a time when you resolved a conflict" or "worked as part of a team".

Another question you will probably be asked is **"what is your weakness?"**. Don't say "I have none" or "I'm a perfectionist" (and definitely don't pull a Michael Scott with an "I care too much"). An employer doesn't ask this question to find out what all of your weaknesses are – they want to know what you did to overcome them. What strategies or plans you have put in place to conquer your weaknesses? For example, you could say "I have had trouble with public speaking, so meetings made me nervous.

Therefore, I decided to join a group called Toastmasters that allowed me to develop my public speaking skills, and now I am more confident and comfortable speaking in front of a larger crowd".

Another question you should be prepared to answer is the dreaded, open-ended **"tell me about yourself"**. You don't want to share too much or too little information, so what should you say? Although your first instinct may be to start off by listing all your skills and qualifications, the employer is actually trying to get to know you on a personal level. Try starting off by sharing some personal interests that don't directly relate to pharmacy. It could be a hobby that you're passionate about, such as sports, cooking, hiking, or travelling. You could talk about your volunteer work, which shows your commitment to others and important initiatives. Then, you can transition into discussing your professional accomplishments, and list key skills related to the job you're applying for.

One more question that you are likely to hear is **"why are you the best candidate for the job?"** An employer asks this question because all of the candidates who are asked to come for an interview are qualified for the job – but now, they need to determine who is the best person to do it. Essentially, the person who gets the job is more than just "qualified". An employer wants to know that you can not only do the work and deliver exceptional results, but that you can be a helpful addition to their team, and benefit the company. Think of this question as a "sales pitch" for you, and be prepared to summarize what are the top three to four best reasons to hire you! This includes experiences, skills, awards, education or training that have prepared you for this job.

Lastly, once you've completed the interview and had time to catch your breath, make sure to follow-up with a thank you email that emphasizes your interest in the position, and why you're the best candidate for the job (DAP note optional). Good luck job hunting!

DAY IN THE LIFE

SUZANNE HENRY, BSCPHARM

EDMONTON REMAND CENTRE

QUESTIONS BY GRACE WONG

Located on 18415-127 Street, the Edmonton Remand Centre (ERC) is a correctional facility that holds inmates awaiting trial. Suzanne Henry is a clinical pharmacist at the ERC, from the class of 2014.

Please tell us about what brought you to work at the Remand Centre!

I was interested in Corrections Health, so I contacted the Health Manager there, and they forwarded my name to the manager of the Remand Centre pharmacy. Then, I did my specialty rotation in fourth year there and really liked it. After I graduated, they had a position open so I applied and got it!

What does a typical day at work look like for you?

All of the pharmacists at the Remand centre work on clinical units. My unit is the mental health unit, and there are general population units as well as the infirmary, for inmates who are really sick or have devices that might make them incompatible to be in the general population.

For part of the day I'll be in the dispensary verifying orders and answering drug questions. During the rest of my shift, I monitor inmates on my clinical unit, order lab values, and do Medication Reconciliations with new inmates. For this, we meet with any inmates that come into the centre who are on regular medication. Often, pharmacists will have to prescribe things for continuity of care because it can take a while for inmates to get into the clinic...I get a lot of patient contact, and a lot of inmates on the unit know my name.

Can you tell us more about how patient counseling works at the ERC? For example, are there guards present during patient interactions?

The Remand centre is a holding facility, and the average length of stay of an inmate is about 17 days, depending on how complex their trial is. If someone has more serious charges, they might be there for a couple of years before they get placed to a sentence facility.

The units in the Remand Centre are open concept so all inmates can interact together in each unit. If I want to speak to an inmate, I'll notify the guards and they'll call them out, then I will do the interview. Safety is always first, and a guard supervises every interview I do with a patient. I might be in a private room for patient confidentiality but there's always a guard [present], and then sometimes if an inmate is unstable they might have a guard right with me. Or, [the guard] might walk me to that person's cell and I'll just talk to them through the door. I have never felt unsafe or threatened...the Remand Centre is primarily a prison and secondarily a health facility, so they always look out for the safety of staff.

It is very different than any other institution...it seems scary at first when you see all of these people in orange suits, but when you think about it, just days ago they were regular patients in a regular community pharmacy, and



PHOTO CREDIT: SUZANNE HENRY

when they are released they will continue to go back to that community pharmacy. I find that most of them are respectful of the healthcare staff because they realize that we're there to help them.

What does the healthcare team at the Remand Centre look like?

There are nurse practitioners and some in-house physicians; we also have access to on-call physicians if someone needs an order right away. We also have nurses, paramedics, psychiatrists, psychologists, social workers, and a dentist [who comes in] once a week. The healthcare team is really awesome and really collaborative! Most people are really happy to help you with any issues you might have, and they'll come talk to you about patients, accept referrals, etc.

Can you tell us more about the pharmacy team at the Remand? How many pharmacists would you say are on staff?

There [are] about 9 [pharmacists] right now, and 2 on the mental health unit. All of our technicians are regulated or working on getting regulation, and they are mostly in control of the distribution of drugs... they are in charge of order entry, picking and checking medications after the pharmacist has verified it, and answering questions from the nursing staff regarding MARS and refills. Our pharmacy assistant team is mostly in charge of delivering medications out to the units.

What would you say is the most rewarding aspect of your job?

I feel like there are a lot of really unfortunate people who have lived extremely difficult lives, and might have been judged by a lot of people in their life. You can tell that they really appreciate the work that you're doing for them. Three of our pharmacists have APA; he's really involved in diabetes and getting people to target. So, although they might not have ideal lifestyles on the outside, it can be really rewarding getting people stabilized and under control while they're in the Remand Centre.

On the flip side of that, what would you say is the most challenging aspect? And is dealing with controlled substances or drug-seeking ever an issue?

One challenging part is that it can be really sad dealing with cases [where] some people who have been in and out of foster homes, or have just lived really tough lives. Drug-seeking is a big problem, but [in those cases] I simply explain that as a pharmacist, I am not able to prescribe narcotics. I'll get down their indications and a detailed history of their pain, and if I think it's a more urgent concern I can book them to be seen by a nurse practitioner or a physician immediately. If not, I'll tell them to submit a Health Service Request, which inmates can fill out, stating their medical problems and which practitioner they want to see.... then, the nurses will book them into a clinic. [We also try] to encourage them to use non-pharm methods [for pain].

Have you seen any surprises in your clinical practice so far?

I'm so new that I haven't had that much exposure, but I did get assigned to the mental health unit and I've always been really passionate about mental health, so I feel like it's a huge win for me.

[Regarding my practice], I guess just providing education to patients about their drugs, [especially if] they might not be able to read or write, or may be lower-functioning individuals. Just being able to be there and provide information and reassurance about their drug therapy...the mental health team works really hard to get people stabilized and get them the most effective treatment they can.

What advice do you have for students who want to work in Corrections? You mentioned the specialty rotation...

I definitely think doing a specialty rotation would be the best, just because you can actually see what it's like and if it's for you; it's a whole different world. Even during my first couple of weeks there, it was really shocking and some of the things you see in here are just really different.

[I would also suggest] shadowing a pharmacist in Corrections. It can take a bit to get approved for that [because of] security checks. Working in an inner city pharmacy might get you more used to the type of clientele that you will be dealing with.

Corrections is like a blend of hospital and community because people there are like a community population, but it is an institution...so we follow all of the AHS policies. It's a happy medium between the two.

Is there anything else you'd like students to know about Corrections pharmacy?

It's really fun! You never know what you're going to see; every day is completely different. You might be there for a while and still get a curveball thrown your way.



PHOTO CREDIT: ALBERTA JUSTICE AND SOLICITOR GENERAL

People can also be manipulative so you have to make sure that you know what you want to ask. When you're new there, it's kind of hard because you want to believe what everyone says but you've gotta have good interview skills...

Like reading body language?

Totally. And that's part of the reason why I like being able to go out and see patients in the unit, because someone can walk normally and 10 minutes later go "I have 10 out of 10 pain"; well, I saw you walk down the stairs really good! Your assessment with [patients] start before you even start talking to them!

That's about all of my questions, thank you! Just for fun: what are your hobbies outside of pharmacy?

I didn't know I had hobbies because I've been studying for school for so long! I like doing yoga, working out, and staying active. I really like going camping, swimming, going to the mountains and stuff like that. And I'm a cat nerd...I have two cats that keep me company!

DAY IN THE LIFE

ALASTAIR ILICH, BSCPHARM, ACPR

CROSS CANCER INSTITUTE - PHARMACY RESIDENT

QUESTIONS BY GRACE WONG

Alastair Ilich is a clinical pharmacist at the Cross Cancer Institute (CCI) in Edmonton, Alberta. He completed his Oncology residency from 2013-2014 at the CCI, which was when this interview was conducted.

First, I'd like to start by letting our readers get to know you! Do you mind telling us about your pharmacy career path?

I graduated from the U of A in 2006 and worked for Save-On-Foods for 7 years. At this point, I felt like I needed another challenge, and decided I wanted to go to hospital practice. After applying for a number of hospital jobs and not hearing back, I started thinking that a good way to make a transition would be to do a hospital pharmacy residency.

Did you want a change of practice, or just to use more clinical skills?

When I graduated from pharmacy school, I was just happy to be done my studies and wasn't interested in extra schooling in the form of a residency or PharmD. I'd worked in community for 4 years during pharmacy school and enjoyed it for the most part, so I continued on in that setting after graduating. Later on, I heard a lot of good things from classmates/friends who were working in hospital and got curious about making the switch. Developing my clinical skills and working more closely with other healthcare practitioners really appealed to me. When the government changed the reimbursement framework in community, I didn't like how it impacted my practice and I felt that 7 years in, I had a lot of years left in my career! So if I was going to make a change, this was

a good time.

Was there anything you liked in community that you miss in hospital?

Yes. After being in the same spot for a number of years, you get those customers who come to rely on you, and ask for you by name. I miss those people, those patient interactions. Despite my old position not being intensely clinical, I was providing some clinical services that were really fun and rewarding, and my coworkers were great. I didn't leave because I disliked my job, I just felt it was time for an exciting new challenge and the change to the framework gave me the push I needed.

For people who aren't familiar with residencies, can you describe or give an overarching explanation of what is a residency, and what you did do for the past year?

It's made up of a lot of hospital rotations, and every rotation is very different. They range from Drug Information, where you research and answer questions from other pharmacists and doctors, to General Medicine where you broadly learn how to practice in the hospital setting, to very specialized rotations. Overall, for each rotation, in the first week or two, you get to know the team, the setting, the hospital; you also become familiar with the subject matter and do a lot of reading to get yourself to the point where you can contribute. The next couple weeks are just putting



PHOTO CREDIT: GRACE WONG

everything you learned into practice, and fine-tuning your skills. Each rotation usually lasts a month or so...and by the end you're supposed to take on a number of the roles of your preceptor.

What is the project and research work like?

There are evidence-based medicine (EBM) sessions, where all the residents take turns presenting on the different kinds of studies, then there are journal clubs where you have to present at least once. You also have to do some in-services and case presentations. On top of that, there's a formulary review as part of your Drug Info rotation, where you're assigned to look at the evidence for a certain drug, and evaluate whether it should be added to the formulary. There's also a scholarly writing assignment, and the research project which is the biggest assignment of the year; with the help of a small team of preceptors, you do the ethics submission, data collection and manuscript write-up, and present it on the last day of the year.

For the overarching study, were you involved in the study design, or were you given a topic?

Usually, there's a list of projects that are given; this year, I had four topics to choose from. You'll start [working on] the experimental design yourself, but you get help from people with experience. These residency projects have] usually a very small focus...they contribute to the practice and the evidence in a very specific area.

Could you quantify the amount of time you spend with patients versus the amount of time you spend researching and doing project work?

That's tricky because it depends on the rotation...in the more specialized ones, you don't interact with the patients until you've got the skills to do it. In order to contribute in those rotations, you need to know a lot more. You end up spending a lot of time developing your knowledge base by reading and becoming familiar with some of the landmark studies in those specialty areas to understand where the actual recommendations come from. But, there are other rotations where, in the first week, you're dealing directly one-on-one with the patients. Then there are others still, like general medicine, where the majority of the interactions are done as part of a team rounding on the patients. Every rotation was different that way.

So it's not so much just a job, it's a job with homework.

Absolutely. And you're a class of one, so you're always the one answering the questions when the preceptor asks. You can't hide behind anyone else.

What was the most rewarding aspect of your residency?

Personally, I found that it made me better at all the things I really needed to improve on. Public speaking was never something that I was comfortable with, but now I'm feeling a lot better about it. Time management as well... through

necessity, I got a lot better at it. From the point of view of improving my clinical skills, it was fantastic. There's a lot of satisfaction looking back at all the things I accomplished through the year.

Is there a rotation in particular that you had in mind?

I thought the palliative care rotation was probably my favorite. These are people who know they are not curable...but that doesn't mean that our job is done. You could have a huge impact on the patient's quality of life with some very minor changes if you did a thorough patient interview and listened to their concerns. When you've only got a couple months left, if you get an extra week of comfort, it's a really big thing; not just for the patient, but also the family who gets to spend that time with them. It's pretty amazing.

What was the most challenging aspect of your residency?

For me... I had to get back into studying every night. It's been a really busy year, and so different from regular school. Other than that, the research project was very challenging, just because it was so foreign. I don't know what the U of A pharmacy program is like now compared to when I went, but we didn't get a lot of evidence-based medicine back then. That's been a steep learning curve for me this year.

And also, constructive feedback. I wasn't used to people pointing out my weaknesses. In a class of a 130 people, you can't get that kind of individual critique on an ongoing basis, and all year that's what I got. At first I was a little sensitive about it, but then you start realizing that everybody's got things that they can improve on. If you accept it and try to address it, then you can learn a lot and really improve your practice.

What advice do you have for students who are interested in hospital pharmacy?

Pharmacy school is geared towards educating you for any pharmacy job you could end up in. Because there just isn't

time in the program, you can't spend an entire year just on hospital practice. If you want to be a hospital pharmacist, the residency gives you the chance to develop the skills specific to working in hospital and provides you with individualized instruction from great pharmacists who are experts in their fields. You can do the job without it, but doing the residency accelerates your progression, gives you a jump start on your career and opens up more opportunities for sure. Also, in the course of the rotations, you get to work in a number of hospitals, with a bunch of different teams and in different clinical areas. By the end, I had a way better idea of the kind of practice I wanted. It would have been hard to get that perspective without doing the program.

Do you have any advice for students on getting into a residency?

First off, even if you don't feel like doing it right now, it's never too late to go back. As far as getting in is concerned, it's hard to think of any really good tips, but everyone brings different things to the table, so maybe figure out how you're different and convince them it's a strength. Also, really think about why you want to do the program so that you make a good case in your application. It's not all about perfect marks, as long as you've got a good process and you're enthusiastic about learning, then I think you can succeed at it.

Thank you for answering my questions! Last but not least, just for fun: what are your hobbies outside of pharmacy?

Travelling [is] one of my favourite things to do! I love doing stuff outdoors, camping. I love my languages. And of course, watch some reality TV, and mindless things like that.

I have to ask, what reality show? Masterchef.

That's a good one. Do you watch Masterchef Juniors too?

Yes I did! My preceptor Jennifer, from my last rotation? Her kids are like that, they're all-star chefs. They don't go out for food, she'll just buy them the ingredients and they'll cook!

THE A B C's OF PHARM D: FEATURING JOEY TON

*Want more info on the Pharm D program?
Joey will be hosting an information session on April 7
from 11:30 to 12:30, location TBA. Stay tuned!*

BY EMAN SALEH

I conducted an interview with a current PharmD student, Joey Ton. In this interview, Joey helps introduce pharmacy students to the PharmD program and what it has to offer, as well as to clarify some misconceptions. Currently, the PharmD program at the University of Alberta is a 12-14 month program designed to provide pharmacists with extra clinical skills and knowledge applicable to practice in order to provide better care to patients. The year commences in September and students take on rigorous coursework until December. From January up until August-October, students travel across Alberta to various pharmacy practice settings to clinically apply the concepts and skills they have learned.

ES: Hi Joey, thanks for meeting me today! First, tell us a little about you and your background in pharmacy.

JT: I graduated from the UofA in 2013. I took a year off before going into the PharmD. During this year, I did various relief work around Alberta; I worked in community, and I did some work in a PCN [Primary Care Network] as well. And I decided that I wanted more in terms of knowledge, so I thought that the PharmD [would be] a good place to start.

ES: [Beyond wanting] more knowledge, what exactly drove you to choose PharmD as a career path?

JT: The thing is, I didn't know I was going to do this right away after graduating. I didn't know I was going to be where I am today, doing what I was doing in that one year... in pharmacy, that's kind of how it is because you don't know how real-life is until you experience it. It's where you realize where you have weaknesses,...and you start hitting these walls in terms of {how} much knowledge you can get from your surrounding group. Let's say someone comes in with this disease that you're not familiar with. Who do you go to? It's hard, right?

ES: Right, I see what you mean.

JT: You're busy, but you want to know more. People think PharmD is this entry into hospital practice, and I don't think it's just that. I think it's more so building, or rather, just learning more skills in order to be a stronger pharmacist. You can still go to other places, like community or an ambulatory setting...there's a whole array of options, and I think with the PharmD, you'll just have more to choose from.

ES: Did you find that taking a year helped you better to decide what you wanted to do with a PharmD? Is that a better option for students? Because some people debate whether they should apply right away or take some time off to decide.



PHOTO CREDIT: EMAN SALEH

JT: I think there's no right or wrong answer to this type of question, because for me, it worked out...I finished my four years in pharmacy and I was pretty much done with school. I didn't want to go back, right? That was my general feeling. And when I started working, and practicing 40 hours a week, it slowly hit me, and I think it made me realize I wanted to go back to school and I wanted to learn more. I've heard from my other classmates that did go in right after, they all had varying reasons. Some they felt that if they stopped school, they wouldn't go back to school.

ES: That's a big reason why some people choose to apply right away.

JT: I think that [taking] one year off helps to determine if PharmD is the

right program for you, rather than going in just because you think PharmD is going to take you into a certain area. What people have to realize, too, is that you can't expect to be at that end-goal right away after PharmD. It takes a lot more than just having a PharmD on your belt. It takes experience.

ES: Right. So, now that you're in PharmD and you're going through this program, give us a little insight to what your daily life is like? What are you doing right now in the program?

JT: I'm going to go by week. So, what happens is there's this one course, it's worth 6 credits...it's the biggest course [called] Advanced Pharmacotherapy. We work as a whole big team [and] get cases on varying topics. In September, we had hypertension, diabetes, cardiovascular risk reduction. Recently we've had osteoarthritis, rheumatoid arthritis...every week, we focus on one. [We'll] get a case and develop our own learning objectives [based on] what we want to get out of it.

So, [say our] topic is hypertension. One of us will look at the evidence behind one class of drugs, and another will look at the evidence behind non-pharm. [Each] case is given out on Friday, and the weekend is when we work on it. Weekends are built into the course. By Monday, everyone has done their homework and we put together the evidence and look through all the articles. We talk about it as a big class on Monday and we get opinions on what we should do about this patient case. We have our facilitator lead us...[and then] once we put this all together, a few of us are designated as "care planners." Three of us will work on this care plan and have it done for Wednesday. Then on Wednesday, we'll [discuss it]; we can either agree or disagree with it, then come to a conclusion.

ES: So it's very interactive.

JT: Yes, it's very interactive. See, the thing is, people have varying views on group work. But with PharmD, you can't do everything on your own and you need the help from your class. And...people coming into PharmD are very motivated people so you're going to have very reliable people with you.

[Another course is] Critical Appraisal, which sounds dry, but [you'll see] it apply to real-life practice. We [also] have a course that focuses on putting together educational material and...teaching theory. It's another area we don't really touch upon in undergrad. Let's say you were in charge of developing a care plan for a hospital. How would you do it? This is the kind of course that...teaches you the tools in order to do that. And last but not least, which I think is the coolest one, is the assessment course where we go through physical assessments. So using your stethoscope, you're checking for heart sounds, listening to lung sounds and [using] these physical assessment skills that we don't really do in undergrad. So that's pretty cool. On top of that we're taught the therapeutic assessment...it's very hands-on.

ES: Okay, that's good to know. What advice can you give to students contemplating whether or not they should apply to the PharmD program?

JT: In my opinion, more education is never a bad thing. So, if you don't have a reason not to do it, I think it's something that will improve your skills as a pharmacist. What you want to consider is where you want to be afterwards? You know, 5 years, 10 years down the road? Nowadays, if you want to practice in hospital or in a higher clinical area, you do need a PharmD or a residency. So I think if hospital is where you really

want to be, PharmD or residency is something you should definitely consider. Either option will take you down that route.

People in community [might] think, 'I'm just in community, why do I need a PharmD?' I think the skills you learn in PharmD are very applicable to community... and on rotations, they bring you in and show you how it is in practice. I think PharmD is really beneficial for...services where Alberta is starting to provide reimbursements. And I know a lot of students are looking at PCN type of work, or an ambulatory clinic. PharmD is going to help you get there because you have the skills to be able to be beneficial to that group. That's the type of people they want to bring in to a PCN; someone who can offer a lot. I think the UofA program gives us that option to get experience where you wouldn't normally get just practicing as a normal pharmacist. It's going to help you with jobs later in the future.

ES: Right. So just overall there's a huge benefit to it.

JT: Yeah, a huge benefit. And you know what? There [are] also some cons. There are numerous costs involved, and I think that's generally the only downside to the PharmD. And I think what people would have to do, just like in practice, is weigh the benefits and the risks. If you think it's going to [negatively] affect you more, then maybe PharmD is not the best for you. You can learn all of this stuff too on your own and do [it] your own way.

ES: Right, so decide based on what works best for you. You summarized it really nicely there! Thank you so much for doing this, I really appreciate it. I hope this will clarify some things for students wanting to know more about PharmD.

CAM CORNER:

COENZYME Q10 (COQ10) & STATIN-INDUCED MYALGIA

Sponsored by the Branch Out Neurological Foundation

<http://branchoutfoundation.com/>

BY MORGAN BASIUK



Maybe the month of February mended your heart, or maybe it just left you in pain... taking a statin can have those same effects!

Background

- Incidence of myopathy with statins varies but is generally thought to occur in 1.5-10.5% of patients within the first 6 mo; however, onset can be delayed a couple years¹
- There are a number of risk factors for myopathy; some include – high statin dose, alcohol abuse, heavy exercise, drug interactions, diabetes, hypothyroidism etc.¹
- Incidence of rhabdomyolysis is higher for statin + fibrates in observational studies (only absolutely contraindicated in combination with Gemfibrozil – 10 fold increase in rhabdomyolysis)^{2,3}
- Rosuvastatin may be associated with higher risk of myalgias, but reports are conflicting³
- Guidelines do not recommend vitamins, minerals or supplements (aka CoQ10) for symptoms of statin-associated myalgia⁴
- CoQ10 is a fat-soluble cofactor in the Krebs Cycle and electron transport chain⁵
- CoQ10 is endogenously produced substance found in most aerobic organisms from bacteria to mammals – it is also known as ubiquinone (ubiquitous quinone)... scientists are so clever!^{2,1}
- The first ubiquinone was isolated in 1957 and since then they have been extensively studied in Japan, Russia, and Europe (in the US more recently)²
- Popular press accounts claim that roughly 12 million Japanese people use it²
- Claims include treatment for CHF, arrhythmias, HTN, increases in exercise tolerance, stimulation of the immune system, and counteraction of the aging process²
- Statins interfere with the production of CoQ10 (look back at the pathway... farnesyl pyrophosphate!); CoQ10 is also carried by LDL (and statins decrease this!); it is hypothesized that CoQ10 plays a role in myalgia⁶
- Adverse effects are rare and include diarrhea, GI discomfort, headache, loss of appetite, and nausea; one serious adverse event, GI bleeding, may be associated²

Research Spotlight

- Statin treatment reduces circulating levels of CoQ10 but the effect of statin therapy on intramuscular levels is not clear⁷
- Supplementation can raise the circulating levels of CoQ10, but data on the effect of CoQ10 supplementation on myopathic symptoms are scarce and contradictory. Thus, it seems there is insufficient evidence to prove the etiologic role of CoQ10 deficiency in statin-associated myopathy⁷
- CoQ10 is likely safe when used orally and appropriately – has been safely used in studies lasting up to 30 months⁵
- The doses that have been studied are 100mg daily x 30 d; 60mg BID x 3 mo; 200mg daily x 12 wk; 240mg daily x 2.5 yr⁵
- A very recent meta-analysis (Jan 2015) analysed 6 RCTs (302 patients); 5 studies evaluated the effect of CoQ10 on plasma CK activity and 5 studies assessed the effect on muscle pain. There was a non-significant change in plasma CK activity or effect on muscle pain (although there was a trend towards decrease muscle pain)⁶
- Large, well-designed clinical trials are required to fully address and clarify this issue^{6,7}

For Your Patients:

- With the given conflicting and limited evidence, pharmacists cannot confidently recommend Coenzyme Q10 for statin-associated myalgias; although it appears to be safe
- If patients are experiencing muscle pain (particularly in thighs, upper arms, shoulders or pelvic girdle) check CK and assess myopathy risk¹
- Consider stopping statin (depending on pain severity, CV risk, CK level or symptoms of rhabdomyolysis) until symptoms have resolved and CK < ULN¹
- Consider re-initiation with same or different statin, same or lower potency at same or decreased frequency^{1,4}
- If rhabdomyolysis consider a referral to a specialist to weigh risk vs. benefit of statin therapy¹

NHP questions at your pharmacy a bilateral pain in the butt? I would love to help - email me at basiuk@ualberta.ca

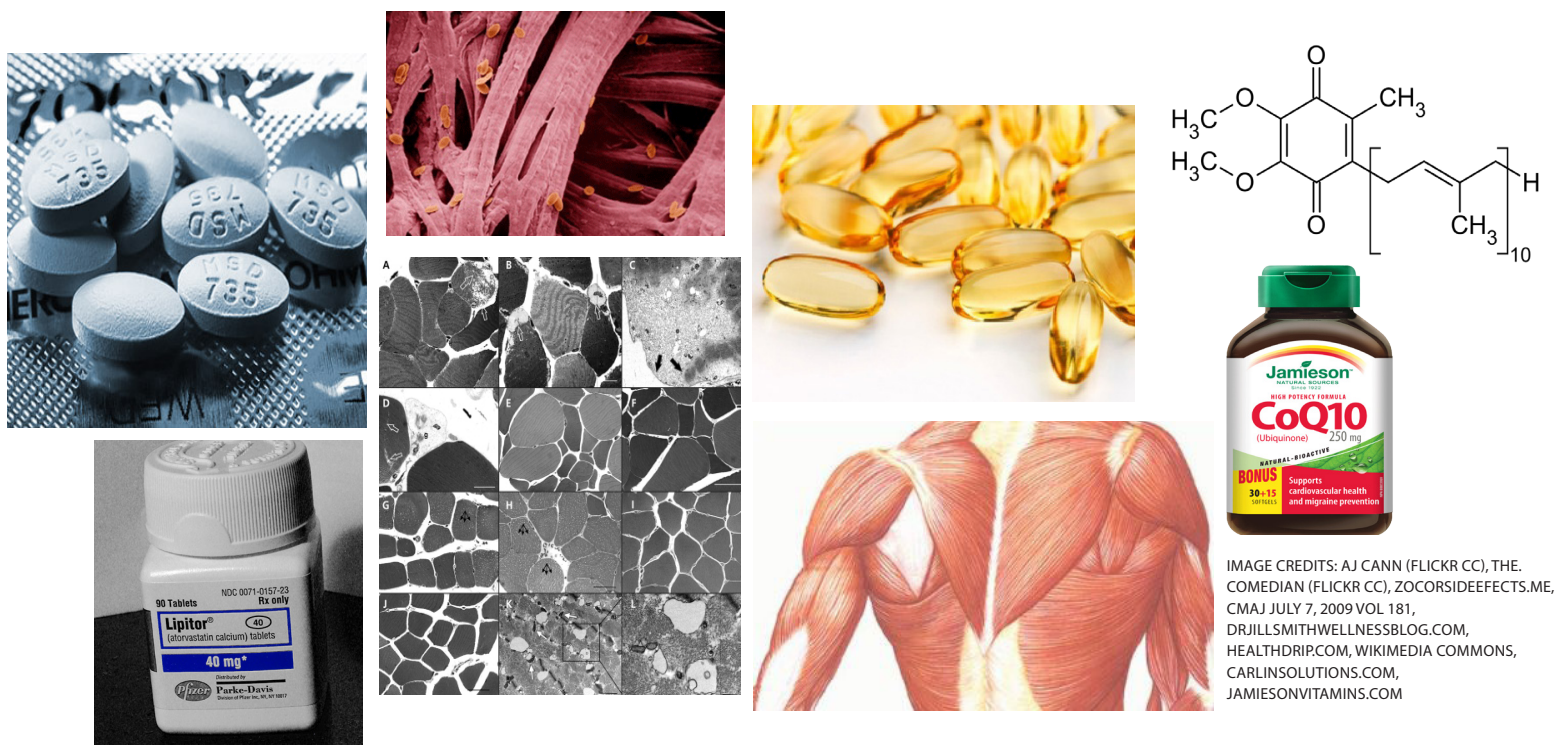


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OCULAR EMERGENCIES: YOU DON'T ALWAYS SEE THEM COMING



A REBUTTAL/EXPOSÉ IN RESPONSE TO THE JULIO'S REVIEW

BY JENNA CHEKERDA & SCOTT WAKEHAM

Although you may have read wonderful things about the food and beverages to be had at Julio's in the previous issue of the PQ, we are here to tell you "Honey, you've gotta get out of here". In this chilli-ng article, we will expose the dangers that lurk behind the generosity of salsa tastings from seemingly innocent waiters, the need to brush up on acute ophthalmic treatments, and the realities of referral.

Patient: JC

Past Ocular History: Chronic dryness, occasional contact lens use, past incident of gasoline exposure.

Ocular Medications: Systane Ultra High Performance Drops

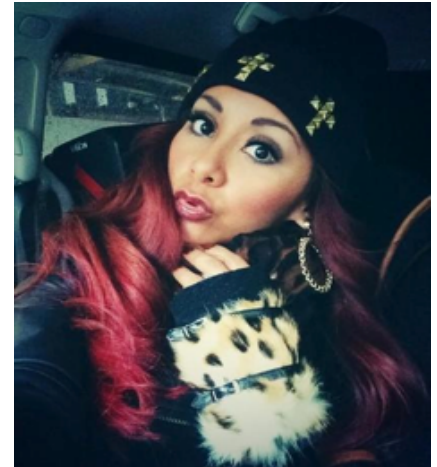
November 7th, 2014: Danger in Sight

What started out as a celebration of Rebecca's birthday took a turn for the worse when the group and I found ourselves arriving at Julio's 45 minutes earlier than all of her much cooler friends. To pass the time, we did what any reasonable person would do, and that was to ingest as many tortilla chips with salsa as possible. Since I did not want to look like a nerd for this occasion, I opted to wear my contact lenses. Boy, what a mistake.

As a chronic sufferer of dry eyes, I am touching them 96% of the time in hopes to increase comfort. While I was distracted by what Jon called "a smorgasbord of flavour", some capsaicin particles from the salsa had transferred from my finger directly onto my left eyeball. I felt an increasing itch, and knew something was wrong when the tall and wise Siobhan said "Your eye is looking really red". She accompanied me to the bathroom for a visual assessment.

Siobhan and I started to panic because my eye had become completely bloodshot, was leaking all sorts of fluids, and was about a 7/10 on the pain scale. It seemed like my eye was starting to swell, so I quickly tried to remove my contact. No way, contact, you're stuck. Luckily, a self-proclaimed nurse with lots of eyeliner and a beanie was lurking in the bathroom, and said she would take a look at my eye. I asked her if I should keep trying to take my contact out, and she says "If you try that, it's gonna hurt". A referral, I guess.

Anyways, we left Rebecca with her cool friends, and Kaitlyn drove the rest of us back to my place to attempt one last contact lens removal before we hit up the emergency room. If Patient



**FIGURE 1: POLICE SKETCH
OF THE BEANIE NURSE**

Self Care has taught me anything, it's to wash your hands well with soap and water before you begin. So I did that, concentrated, and boom! I was able to force my contact out of my eye, releasing the capsaicin particles that were trapped within. All my friends cheered, which was nice. I flushed out all of the irritants with water, and soon my eye was returning to normal! I switched back to glasses because eye protection is important, and before we knew it we were back at Julio's. I had the quesadilla, and it was pretty good.

But - we are no strangers to these sights for sore eyes. Since we are on the topic, another patient case will be presented as a therapeutic primer.

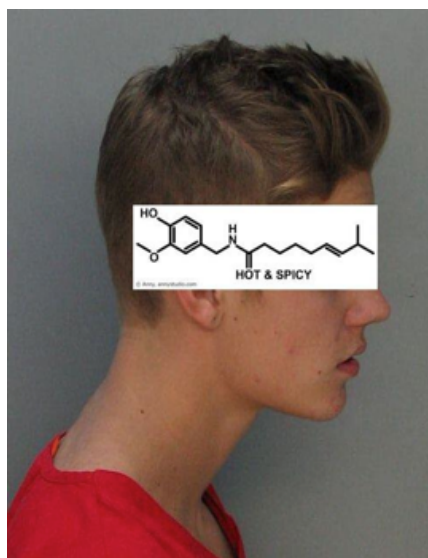


FIGURE 2. MUGSHOT OF THE ACCUSED

Patient: SW

Past Ocular History: None of note

Ocular Medications: None. (To clarify, No OTC, No Herbal, No Homeo)

April 10th, 2013: Isn't it Eye-ronic

Studying for dermatology and learning all about conjunctivitis is all work and no play. It makes for dull boys. I was dull in a way that I could've expected: with my senses.

I awoke early to the sound of ravens outside. I pulled my duvet off of me and tried to open my eyes and see the stinky Lister room that I would soon move out of. However, I could only obtain a visual field with my left eye. Panicked, I fled to my mirror where I saw that my worst dream had come true. I would actually have to use my own knowledge to help someone. I had only been learning clinical information for a month. How could it already be my time? With my left eye, I stared at my right eye, which had contracted the silent self-esteem killer: Bacterial Conjunctivitis. It was a cruel fate to leave my dorm room and head to MSB where I would write the exam as a patient and a student. Although I was the butt of many jokes, it was a breeze to answer the exam questions about symptomology of conjunctivitis. I was

able to have the MOST empathy for the patient case we had. Dr. Guirguis would have been proud.

After the exam, I visited a nearby pharmacy and purchased some Polysporin Eye drops. Within 2 days of use (1 gtt bilaterally qid), my eye was clear. However, I continued to use it for two days after the resolution of symptoms to ensure eradication.

We hope that this article serves as a caution for people who may carelessly listen to the reviews from PQ+2 issues past. Before you "eat it so fast that you assume it's good" like Raj, or say things have a "nice kick" like Grace, keep in mind the gravity of these statements, and the potential emergencies that you are encouraging. You may not use this article for CE credit, as ACP rolled their eyes at us when we presented the topic. But at least they had eyes to roll!

Ocular emergencies can be embarrassing, stressful, and overwhelming to the patient. Your quick referral/guidance as a pharmacist and seeing eye-to-eye with your patient will allow the best outcomes (i.e. their friends cheering when the contact is removed).

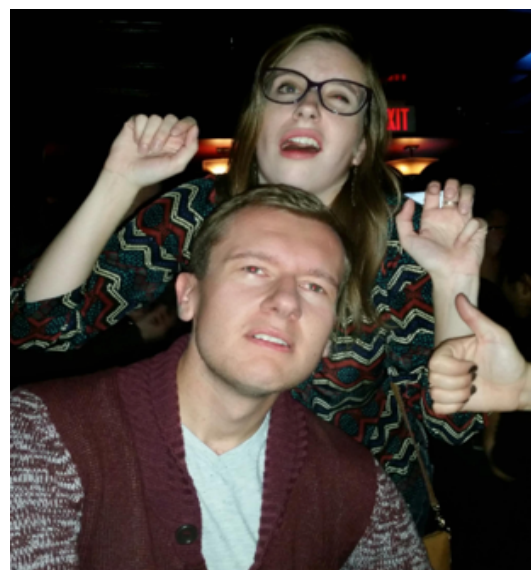


FIGURE 3. JC AND SW PICTURED AFTER THE INCITING INCIDENT OF NOVEMBER 7TH. CELEBRATING HARDSHIPS PAST, BUT STILL CONFUSED ABOUT NURSE'S CREDENTIALS.



FIGURE 4. AN INNOCENT VICTIM OF THE UNDERSTATED CONJUNCTIVITIS

IMAGE & PHOTO CREDITS:
JENNA CHEKERDA & SCOTT WAKEHAM

YOU'VE GOTTA TRY THIS:

SWEET MANGO

Need to spice up your life? Stop by Sweet Mango at 9120 – 82 Ave for some Vietnamese or Thai fusion cuisine. With over 100 items on their menu, and many gluten-free or vegetarian options, you're sure to find something to suit your palate. Bring your student ID or your APSA card for 10% off their tasty fare!

Grace Wong

Faizath Sonya Yallou:

Tried: Green Onion Cake, Combo of Vietnamese Spring Rolls, Prawns, Lemongrass Beef & Lemongrass Chicken:

Thoughts?

Green Onion Cake: Delicious as always. It's not a particularly sophisticated dish, but it's a carb delight. *(Addendum by Katie: And it's served in a boat!)*

Combo of Vietnamese Spring Rolls, Prawns, Lemongrass Beef & Lemongrass Chicken: A little plain at first, but with the hot sauce it's not bad. It's basically a lot of protein, with some plain vermicelli to wash it down.



Stacy Wizniuk

Tried: Vegetarian Summer Rolls, Combo of Vietnamese Spring Rolls, Lemongrass Beef & Lemongrass Chicken

Thoughts?

Summer Rolls: We [Ben Plesuk and I] get them every time we come here – need I say more? *(Not pictured)*

Lemongrass Beef & Chicken: It's really good, the lemongrass beef is my favourite. It's delicious!



Azra Mustajbasic

Tried: Vietnamese Espresso with Condensed Milk, Vegetarian Vietnamese Spring Rolls

Thoughts?

Vietnamese Espresso: An interesting experience. Very delicious! [How it works:] you let it percolate, then you stir it in with condensed milk and pour it over ice. 4/5 capsules
Spring Rolls: Crispy and flavourful, with really tasty sweet chili sauce! Would recommend. Good portion size! It's a good amount for what you pay for.

Ben Plesuk

Tried: Stir Fried Egg Noodles & Chicken:

Thoughts? Delicious. It's crispy and not crispy at the same time. *(Addendum by Stacy: The sauce softens the noodles!)*



Madeleine Durrant

Tried: Jasmine Tea, South Vietnamese Spring Rolls, Lemongrass Tofu Wok Fried Bowl, Deep Fried Ice Cream
Thoughts? South Vietnamese Spring Rolls: Pretty standard, with good crunch. Mediocre flavor, delicious fish pee.

(Editor's note: fish pee = sauce)

#7 vegetarian – the lemongrass was lovely, the noodles perfect. The accompanying sauce was a bit overly sweet and an odd pairing, but overall it worked

Jasmine Tea Delish: Om nom nom tea. Swag
 Deep Fried Ice Cream: It's like having cornflakes in my ice cream for breakfast! The whipped cream was perfect and I'm getting a cramp. But the raspberry sauce was a nice touch. (Addendum: Madeleine would like all readers to read this in a British accent.)



Katie Hamelin

Tried: Papaya Smoothie, South Vietnamese Spring Rolls, Egg Noodles & Chicken, Deep Fried Ice Cream
Thoughts?

South Vietnamese Spring Rolls: See Mado's Papaya Smoothie – It was delicious – not as thick as a regular milkshake, so it gives the illusion of health and wellness!

Egg Noodles & Chicken – The egg noodles were soft while they were swimming in their sauce. Too many vegetables, because when I want to eat my feelings, I prefer more carbs. The chicken made an appearance and it was tender. I appreciated the carry bag because it was so saucy. It is saucing as we speak.

Deep Fried Ice Cream: My cholesterol went up by 900 points.



Grace Wong

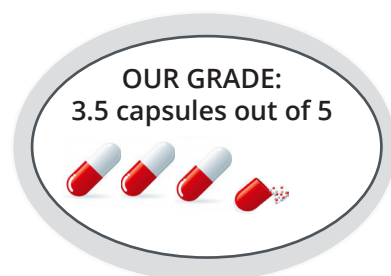
Tried: Young Chow Stir-Fried Rice, Deep Fried Ice Cream
Thoughts?

Young Chow Rice: I chose this dish because it reminded me of my old physics prof, Dr. Chow, and once again, choosing the dish with the coolest name has proven to be a winning strategy. It's not the healthiest – I'm pretty sure that rice isn't supposed to be shiny – but it was pretty tasty.

Deep Fried Ice Cream: As I agreed to split this with Katie and Mado, I could literally hear my pancreas surrender hope. It really does taste like cornflakes though.



PHOTO CREDITS: GRACE WONG
 LOGO CREDIT: SWEETMANGO.CA
 EXTERIOR PHOTO: YELP.CA



AMANDA'S KITCHEN

DECONSTRUCTED BERRY CHEESECAKE

BY AMANDA LEONG

Serves: 6-8

Ingredients:

- Fresh berries (900g)
- 1 package of cream cheese, softened
- Whipping cream (240mL)
- ½ cup of granulated sugar
- 1 tsp vanilla extract
- Mason jars or coffee cups
- Optional: graham cracker or chocolate cookie crumbs



PHOTO CREDIT: AMANDA LEONG
IMAGE CREDIT: FREEPIK

Directions:

For the cheesecake portion:

1. In a large bowl, beat cream cheese, sugar and vanilla together until smooth and fluffy (use an electric beater. Seriously.)
2. In a medium bowl, beat the whipping cream until it forms soft peaks.
3. Using a spatula, incorporate the whipping cream into the cream cheese mixture.

To make the deconstructed berry cheesecake

1. Place berries on a layer on the bottom
2. Place "cheesecake" layer on top
3. Repeat until you have 4-6 layers, ending with the cheesecake layer on top
4. Repeat until you have 4-6 layers, ending with the cheesecake layer on top



PHARMACY HOROSCOPES

BY RAJ BHARADIA, STACY WIZNIUK & AZRA MUSTAJBASIC



LIBRA (SEPT 23 - OCT 22)

Libra, if there's something interesting that you want to try, go for it. Adventure brings excitement, creative flow, and energy, and these are essential to you, as yours is a highly artistic nature. Perhaps participating in the Pharmacy Talent Show at the end of March shall unleash the new you. And I hear it is coupled with the TGIF, so why wouldn't you go?

SCORPIO (OCT 23 - NOV 21)

Treat others as you would like to be treated. That is the Au rule.



SAGITTARIUS (NOV 22 - DEC 21)

Today's constellation energy may encourage you to want to escape into the romance of your dreams. Yes, I am talking about Cardiology, the sexiest specialty there is. Everyone wants Cardiology – but while certain aspects may appeal to your dreams, realize there are many fish in the sea to encounter before you make up your mind.



CAPRICORN (DEC 22 - JAN 19)

Mars is bright this month! Therefore double-check that structure in the Med Chem section of the exam; it might not be what you think it is at first glance.



AQUARIUS (JAN 20 - FEB 18)

Pluto's position with respect to Jupiter suggests that something drastic will happen that will cause you to run. Don't forget your inhaler.



PISCES (FEB 19 - MAR 19)

Does the stress of studying for DERM have you breaking out in pimples? Benzoyl peroxide not doing the trick? Well, it takes a while to work...but you should really consider taking some breaks and socializing as non-pharm therapy. As all upper years will tell you: "enjoy first year while you can".



ARIES (MAR 20 - APR 19)

The stars show that nobody will be studying for the next exam. You shouldn't either, trust me.



TAURUS (APR 20 - MAY 20)

Saturn's 5th ring has shifted slightly and a new love interest may enter your life. However, beware of asymptomatic carriers - use protection.



GEMINI (MAY 21 - JUN 20)

The sixth moon is not aligned with the fourth. If you lost at Blue and Gold, beware a wicked rash.



CANCER (JUN 21 - JUL 22)

Yes, you really are seeing triple. Upon further lab tests and a full physical exam, our PCN team (including a pharmacist!) has come to the conclusion that you have acquired classof2016winitis. Unfortunately, there is no cure except for accepting the awesomeness of the third year pharmacy students.



LEO (JUL 23 - AUG 22)

It seems that many Leos are skeptical of the spectacular #threepeat that the 2016's managed to pull off. Well, the moon's alignment is signalling to expect the unexpected.... Just kidding. 2016 is legit. It's like they are the 2010 Lakers and everyone in that class is Kobe.



VIRGO (AUG 23 - SEP 22)

The moon is in the 19th house. A recent impaction will become dislodged. Don't worry.

PAM SOCIAL MEDIA CONTEST

Win a \$10 gift card to Starbucks!



PHOTO CREDIT: ESPARTA PALMA, FLICKR

Coffee, tea, and carbs - Starbucks has the fuel you need to get you through those dreaded early morning classes. Get your venti Espresso Macchiato on us! Every entry for the **PAM Social Media Contest** will also be eligible to win **one of two \$10** gift cards to Starbucks weekly during PAM! Just as a refresher, the photo categories are: (1) Best Picture with a Faculty Member or Guest Speaker, (2) Best Picture Busting a Pharmacy Myth and (3) Most Creative Picture. Tag your photos with **#UAlbertaPAM** and **#PAM15** on Facebook, Instagram or Twitter and you might find yourself in our next issue - can you say famous? So, what are you waiting for - get ready to spread some positive awareness about pharmacy!

Congrats to the winners of last month's Create-A-Drug contest! Check out their creations below:

Raj Bharadia

UNSTIFF (godownafil) is a novel oral morning stiffness drug used for a variety of conditions, including Osteoarthritis, Parkinson's disease, MS, and off-label for any type of morning stiffness. Are you tired of waking up every morning and having wait to get out of bed because of your stiffness? Is walking around with stiffness embarrassing you in front of your roommates? Ask your pharmacist about UNSTIFF. Potential side effects include getting to school early and sexual dysfunction. Call your health care provider if you are un-stiff for more than 4 hours. *UNSTIFF – the new way to get on with your day!*



Sponsored message

Azra Mustajbasic

Name: Nosomnilac
 Effect: provides a full night sleep without having to sleep
 Indication: Those pharmacy students that just never have enough time to do everything
 Side Effects: priapism, epilepsy, hyperactivity, headache, constipation, popcorn cravings.



Jessica Huynh

Name: TPPS (To Pass Pharmacy School)
 SIG: 1 tab TID in library with coffee
 Contraindicated in busy social life
 Side Effects: weight gain, depression and steatorrhea

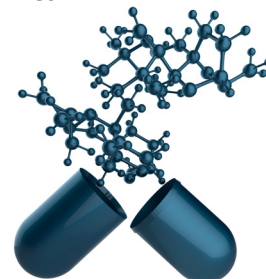


PHOTO CREDITS: MOONKIN (BIGSTOCK), EVERYTHINGPOSSIBLE (BIGSTOCK), FREEPIK

Pharmacare

Specialty Pharmacy **Rx**

Did you know: Pharmacare is an Edmonton owned and operated Specialty Pharmacy Group. The pharmacy boasts: over 20 clinical pharmacists, a state of the art fulfillment centre a Specialty Compounding Division, 3 retail locations—1 in Calgary and 2 in Edmonton, 24/7 on call service, in house bonded delivery, disaster protocols, policy and procedure training, online training courses, AADL home medical partnership, Immunization services, Health and Wellness assessments, Blister and Pouch automated packaging and Medication Detection Machine Technology.

