



February /
March 2014

ALBERTA PHARMACY STUDENTS ASSOCIATION OFFICIAL NEWSLETTER



Class of 2017
White Coat Ceremony

Editors' Note

by Allison Mejilla

Good morrow ye fellow future pharmacists. We've reached the halfway point of the semester and we've all (hopefully) hit our studying stride. Though we've been hitting the books pretty hard (maybe), I hope that you guys have taken some time to relax and enjoy reading week and all of the lovely events that have passed.

Since it's exam season (as it always is), you are most likely procrastinating. Why not use that time productively and read the latest edition of the PQ? You'll be able to read up on the White Coat ceremony, upcoming Pharmacy Awareness Month events, and see who won the Punch Competition.

Along with all of the regular PQ features, there are also two interesting Day in the Life reads featuring Brent Horyn and Tania Mysak. We hope you enjoy this penultimate PQ edition of the school year! Happy reading!



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YOUR PQ EDITORS

Any questions, comments or concerns? Or would you like to write for PQ?

Contact the PQ editors, Allison (allison.mejilla@ualberta.ca) or Karen (kehagen@ualberta.ca).

Or feel free to stop us in the halls!

Disclaimer: Any opinions or viewpoints published are directly from the contributing authors and do not represent the philosophy or viewpoints of the Faculty of Pharmacy or the University of Alberta

APSA elections

by Brandon Christensen



Are you interested in running for a position on APSA council?

It's that amazing time of the year again with motivating speeches and big bright posters! APSA Elections are coming up! Elections are taking place on March 20 & 21! The 2014 APSA Nomination Package is now available on Myapsa.ca or from your class representative. Nominations are due on March 10 at 2:00pm in the APSA office. This is perhaps one of your best opportunities to get involved with APSA so don't miss out! We'd genuinely love to see what your brilliant-minded pharmacy comrades can bring to the future of APSA.

Any questions can be directed to Brandon Christensen (APSA Chief Returning Officer) at blchrist@ualberta.ca.

Volunteer Opportunity with APCCP

Are you interested in...

- ✓ Chronic Disease Prevention?
- ✓ Research?
- ✓ Surveys?
- ✓ Data compilation?
- ✓ Public Health?

If you answered "YES" to any of the above, then this is a great opportunity for you!

The Alberta Policy Coalition for Chronic Disease Prevention (APCCP) is looking to recruit volunteers to help with upcoming research projects. We focus on addressing certain behaviours such as healthy eating, physical activity, alcohol related harm and tobacco reduction, that are associated with chronic disease risk. One of our current priorities includes the Policy Interventions to Reduce Obesity and Cancer/Chronic Disease project with objectives to provide leadership and support for the development, implementation and evaluation of obesity-related policy activities for cancer and chronic disease prevention.

If you are interested in volunteering with APCCP, contact Renée Leblanc, at: rnleblan@ualberta.ca.



The Alberta Policy Coalition for Chronic Disease Prevention (APCCP)
#4-343, 11405 87th Avenue NW Edmonton, AB T6G 1C9 • P: 780-492-0493 • F: 780-492-0364 • www.abpolicycoalitionforprevention.ca

Mark your calendars: Grad 2015 - Talent Show!



When: March 7, 19:00

Where: Education 2-115

Come out to the 2nd annual Pharmacy Talent Show held by the Pharmacy Grad Committee of 2015! On this fun night, you can sit back, relax, and enjoy a wide array of talents pharmacy students will display! What better way is there to spend a Friday night, but to also help raise money and support a wonderful cause!

Tickets go on sale this week for \$10 at the APSA office! You can also purchase the tickets for \$10 at the door!

We hope to see you there!

-Grad Committee of 2015

PHARMACY AWARENESS MONTH



Social Media Challenge

Pharmacy Students! This is your chance to put your unparalleled creativity (AKA photographin' skills) to the test to win some PRIZES! For the first time ever UAlberta PAM will be holding a social media challenge. Throughout PAM we will be judging your photos and giving out a prize at the end of the month in each of these three categories:

- 1) Most creative picture with the PAM button
- 2) Best picture advocating our profession/scope of practice
- 3) Best photo with a faculty member or event speaker

To have your photo entered you must use #UAlbertaPAM. So go ahead you guys, post your photos to Instagram, Facebook, and Twitter and win those prizes!

Don't forget to grab your PAM pin and advocate for pharmacy!

Pharmacy Awareness Month is HERE!

by Karen Hagen

Make sure you attend or participate in one of the many events! Prizes will be given out for attendance and volunteering!

March 1-7

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Saturday March 1: Blue and Gold

Monday March 3: Presentation by the American Pharmacists Association, Tom Menighan

Wednesday March 5 12PM: CAPSI Symposium "How to market yourself"

Wednesday March 5 6PM: TEVA Leadership seminar

Friday March 7: Pharmacy Talent Show

March 8-14

*

Tuesday March 11: Blood Pressure Clinic (Enterprise Square)

Wednesday March 12: HIV/AIDS Lunch and Learn



March 15-21:

*

Saturday March 15: APSA Curling Funspiel

Monday March 17: CAPS Resume Writing Workshop

Wednesday March 19 5-7 PM: Career Night

Friday March 21 12-1PM: RxA Speaker Series

March 22-29

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Saturday March 22: Pharmacy Alumni Hockey Game

Tuesday March 25: Bone density clinic (Enterprise Square)

Wednesday March 26: HSSA Electronic Prescribing Session

Thursday March 27 2-3 PM: PharmD Info Session

Friday March 28: Hot Chocolate Give-away (CAB)

Friday March 28: TGIF

Saturday March 29: Pharmacy Mixer (RATT) + Ronald McDonald House Volunteering



Honouring the Past and Looking Forward: The White Coat Ceremony

by Eman Saleh



2014 marks a centennial year for Pharmacy and Pharmaceutical Sciences at the University of Alberta (U of A). The program began in 1914 and the first three students to graduate from the program did so in 1921. Incredibly, the minimum age for enrolment back then was 14 years old! Centennial celebrations began with the White Coat Ceremony of the Class of 2017. Families, friends, and special guests all gathered in the Meyer Horowitz theatre in what proved to be a celebration to remember.

Samarasekera to speak. They provided the Class of 2017 with words of wisdom and encouragement in our journey through the pharmacy program. The Commander of Western Canada Military Health Service, Captain Rebecca Patterson, was also present and she discussed the vital role of Canadian pharmacists in global healthcare. Dean James Kehrer and Alberta's Minister of Health and Wellness, Fred Horne, were in attendance and each gave a special speech that truly lifted the spirits of the program's future pharmacy students. These speeches included history of pharmacy practice, the evolving role of the pharmacist in our healthcare system throughout the century, and what pharmacy students can look forward to as we progress throughout the program as students and throughout our careers as professionals. RxA president Ali Damani then took to the stage and spoke powerfully about the impact pharmacists have on patient care and also about the big changes that are occurring with pharmacy services and reimbursement models. Brad Snodgrass, APSA president and a third-year pharmacy student, recounted his White Coat Ceremony and provided first year pharmacy students with some words of advice and inspiration.



Dr. Arno Siraki, our Emcee for the night, first introduced distinguished guests Lieutenant Governor Donald Ethell and then University of Alberta President Indira



By the end of the speeches portion of the program, I recall feeling a sense of pride in the realization of what I will be able to do for patients and for society as a pharmacist. I also remember feeling a sense of excitement because the four years to follow will be ones filled with exploration, hard work, and an ability to learn from some of the best

professors at the U of A. I know my classmates and future colleagues were all experiencing a similar mix of emotions.

Soon thereafter, we began lining up to ceremoniously walk across the stage and don our white coats. Along with the anxiety, excitement, and anticipation was a sense that this was a particularly special ceremony because the coats were custom-made to mark the centennial celebration. The left arm has a sign that says, "100 years: 1914-2014" in green and yellow, and a stitching at the front of the coat that says, "UNIVERSITY OF ALBERTA FACULTY OF PHARMACY AND PHARMACEUTICAL SCIENCES". The coats are symbolic of the journey we will go through in the next four years in our transition from being students to becoming professionals. Dr. Lisa Guirguis called each of our names as we stood in a single line backstage. We then had help donning our coats by one of the four special guests standing on stage, and then we signed the Pledge of Professionalism with Dr. Seubert and Dr. Yuksel as witnesses.



After each student donned a white coat, the Alberta College of Pharmacists' representative, Greg Eberhart, walked to the stage and asked the Class of 2017 to stand up and recite the Pledge of Professionalism and the Code of Ethics. It was at this moment the realization that we would soon be accountable and responsible for best practice and patient care settled in. I recall feeling the responsibility-laden weight of the words I was reciting.

In order to try and capture some of the experiences of members of the Class of 2017 during the celebration, I asked some of my fellow students to share their memorable moments:

"When I couldn't decide whether to wear my white coat over my blazer or my blazer over my white coat...Still can't." – Will Chan

"Most memorable moment for me would be when we were standing and taking the Pledge of Professionalism, both Rae and Dr. Guirguis stood beside me to say it loud together. It really felt like every one of us, first years or not, are very important members of this profession, and that it is essential that we swear to take on this responsibility before we begin our practice."

– Gabriel Kim

"Being backstage with everyone and anxiously awaiting to go on stage." – Maggie Huynh

"I think those few minutes that I was in line with my students behind the scenes while we waited for our turn to get our coats, speak with Dr. Guirguis and then walk across the stage to have our coats put on us was the most intense and exciting for me. In those few quiet moments it really sunk in the whole importance of the evening and everything that I had accomplished to be where I was. Being surrounded by my peers in that super-intense moment was amazing and I look forward to being a part of the execution of the WCC for the students of 2018." – Bryan Hodgson

"Going first is pretty memorable I suppose. No idea what was gonna happen but I kind of just went with it." – Alyssa Aco

The White Coat Ceremony for the Class of 2017 was a wonderful celebration that captured the history and the evolution of pharmacy in Alberta and around the world, and the important role pharmacists serve locally and globally. It will truly be an unforgettable night!



Photo credits to the Yearbook editors

Independent night

by Karen Hagen

Each year Pharmacy students are fortunate to participate in a privately organized event known as "Independent Night." Local pharmacist and independent Pharmacy owner Aileen Jang books the top floor of the Faculty Club and arranges pharmacists, owners and managers from Independent pharmacies across Alberta to come and present the pros and cons of independent pharmacy practice to students.



The event is organized in a "speed dating" fashion where students sit at a table and are joined by one or two pharmacists who describe their practice, why they chose independent pharmacy, and the new services model is bound to come up more than once.

This in itself is an excellent networking event, but what makes Independent night even more valuable is the chance to make connections for summer or post-graduation employment. Pharmacists presenting their pharmacy often provide business cards and information with respect to opportunities with their pharmacy.



And if that isn't enough, Mrs. Jang also arranges door prizes, which include iPods and iPads!



Photo credit to the yearbook editors

PharmESPN

by Allison Mejilla

WINTER OLYMPICS 2014!



With four years of anticipation from the success of the Vancouver 2010 Winter Olympics, the Sochi Games has come and gone. Canada cleaned up in the overall medal count finishing third overall behind Russia and Norway with 25 total medals, 10 of which were gold. Though Canada fell short of its Own the Podium goals in Sochi, the Games were still a major success with several surprises along with the expected medals (*cough* HOCKEY *cough*).

The Winter Olympics are a time where Canadians are finally willing to replace our polite and apologetic nature with epic displays of national pride. A common theme amongst the Reddits and Imgurs of the interwebs was that Canadians are nice and polite all the time, just so that we can turn into patriotic fiends during the Olympics. Now, I can only speak for myself, but I apologize for nothing ;)

There were several doubts about Sochi 2014 going into the Games, given that many of the venues were not quite complete and several athletes were unwilling to bring their families to Sochi. However, once the Games were underway, the focus shifted to the athletes as they put on excellent shows of sportsmanship. Considering that there were so many different events and I am limited to one page, I can only talk about two of them.

Freestyle Skiing

Canada's first medal of the Games belonged to Mark McMorris who won bronze in men's snowboard slopestyle, a new event to the Winter Olympics. In spite of competing with a broken rib, he was still able to medal.

McMorris' bronze medal was soon followed by a 1-2 finish by sisters, Justine and Chloé Dufour-Lapointe, in women's moguls.

Alex Bilodeau and Mikael Kingsbury then followed the Dufour-Lapointe sisters with their own 1-2 finish in men's

moguls. Alex Bilodeau made history by being the first man to defend his gold in moguls. Freestyle skiing was a figurative gold mine for Canada with 9 of the 25 medals being from freestyle skiers.

Hockey

Seeing as we are Canadians, it's only appropriate that we discuss the awesome sport that is hockey.

Much of the talk prior to the Games were whether or not women's hockey should continue to be an Olympic event considering Canada and USA's dominance of the sport. Though several other countries are gradually improving, Canada and the USA are in a league of their own with virtually guaranteed medals. The Americans were favoured to win gold as they had beaten Canada in several exhibition games prior to the Olympics, and with 4 minutes left in the gold medal game, that looked to be true. However, Canada broke hearts by taking the game to OT and Marie-Philip Poulin followed up with her second gold-medal winning goal. It was an epic game that is unlikely to be forgotten anytime soon.

After the memorable women's win, the men's team had to try to write their own heroic story. The 5 am MST start time for the gold medal game between Canada and Sweden did not stop Canadians from watching at their favourite watering holes, all of whom had permission from their provincial governments to open early/stay open late. Carey Price had to be sharp for the first few minutes while the rest of the team got their feet under them. Once the Canadians gained control of the game, they never let it go. Unfortunately for the Swedes – who were missing key players to injury and a ridiculous Claritin suspension – they got a silver medal.

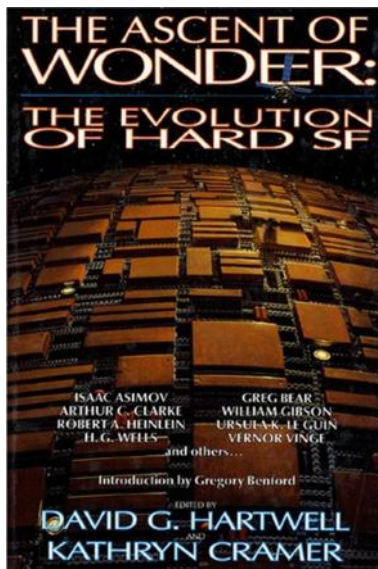
The bronze medal went to Finland where the ever-awesome Teemu Selanne ends his illustrious national career. After playing for Finland for 26 years, he rightfully received the hockey contest's MVP award.

Overall, the Winter Olympics were a wonderful 16 days of competition and unity. Though my GPA may have taken a fairly major hit, I don't regret any of it because as we all know, marks don't matter.

→ *Would you like to submit your own article for PharmESPN? Or do you just want to talk sports with someone? Send me an e-mail at allison.mejilla@ualberta.ca*

Art Scene

by Karen Hagen



There are three responses people usually have to science fiction – they love it, secretly like it but are too embarrassed to admit it, or think it’s drivel and wouldn’t be caught dead reading it. A few years ago I received a most excellent Christmas gift - “The Ascent of Wonder: The Evolution of Hard SF”. I have, and always will be, a science fiction geek and this compilation was an absolute hit. I am sure some of you are cringing with embarrassment on my behalf, but bear with me, it will be worth it!

The inclusion of “Hard SF” in the title is intentional, and partly explains why people have such varied reactions to science fiction as a genre. It is a given that there is a plague of horribly written science fiction both in print and on the screen. I’ve done my best to avoid it, but alas sometimes accidental exposure to drivel happens. The movie *Species* comes to mind. And for that matter, a good number of movies in the 80s. “Hard SF” distinguishes itself by a plot that carefully follows the laws of physics and builds upon them to develop a new idea, a guess at the future, or explores what another world might look like. Some authors have been known to do extensive mathematical calculations to ensure the event they describe is physically possible and accurate, and all base the principles of their stories solidly in reality while asking the question “what if ...?”

This compilation is an absolutely amazing collection of some of the best science fiction authors from the 20th and 21st century (and a few from the 19th too, including HG Wells, Edgar Allen Poe, Nathaniel Hawthorne and Jules Verne).

It would be impossible to do justice to the 68 stories contained within this book, but four have been reviewed below to offer a sample of the high quality fiction found within.

“In a Petri Dish Upstairs” by George Turner is a well-written and dystopian description of humanity split into two parties – those that live on earth and those that live in an orbiting solar power station. Tensions remain tight between both cultures yet a fragile peace remains, until someone on the power station develops a plot to cripple earth, a plan that is both cruel and daring.

“Surface Tension” by James Blish involves a crew of scientists who crash on an aquatic planet inhabited only by protozoa and microscopic crustaceans. Faced with the reality that they will not be rescued and their original mission to colonize another planet is impossible, the stranded survivors choose to engineer a new organism adapted to this new environment from human DNA, setting them free to fend for themselves.

In “The Heat of Fusion” by John M Ford describes a scientist who is terribly injured in a critical experiment. Dying but able to communicate, he is asked to recount the details of the experiment and the accident. As his health declines and his paranoia increases, the protagonist is pushed to recreate the necessary conditions to repeat the experiment, but chooses to sabotage it instead.

In “the Cold Equations” an intrastellar ship is bound for another planet. With the mass and trajectory of the ship calculated with exquisite detail, the ship has just enough fuel to arrive at it’s destination. A girl decides to hide on the ship in order to visit her brother at the destination, unaware that her extra mass will either cause the ship to crash or must inevitably lead to her execution.

So I say embrace your inner geek and grab some good quality hard science fiction - starting with this book!

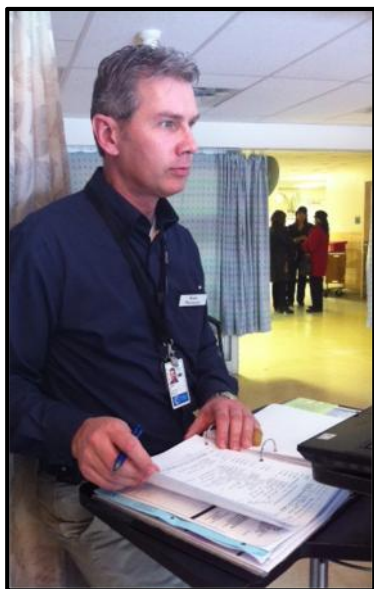
THE ASCENT OF WONDER – EDITED BY
DAVID HARTWELL AND KATHRYN CRAMER

Your turn:

Have you read a book, watched a movie, or listened to some music that inspires? Send your review to kehagen@ualberta.ca and you might see it in PQ!

A Day in the Life

by Brent Horyn, B.Sc.Pharm., ACPR. Pharmacist, Trauma/Neurosurgery, Royal Alexandra Hospital



KH Hi Brent thanks for taking the time for this interview. Why don't we start with your credentials?

BH Hi Karen, and thanks for asking me. I'm a U of A grad, class of '92, accredited hospital residency [ACPR] '93 and full scope/APA 2011. I've practiced exclusively at the Royal Alexandra Hospital and my clinical practice area is Trauma/Neurosurgery.

KH Students all know what a hospital pharmacist is but what does it mean to be a "surgical pharmacist"? Do you spend time in the surgical suite [O.R.]? In school we don't learn anything about surgery, so how can your practice be in surgery?

BH Actually you nailed it Karen, we *don't* learn anything about surgery and no one really knows what a surgery pharmacist does- most of your readers likely haven't heard of one before. So this is the full, long answer.

First, you need to know I still do all of my work with my brain and none of it with a scalpel. To make what I do less abstract you need to know that *surgical* refers to my patients and not to me. So my 32-bed ward is populated with people who have endured trauma [motor vehicle collision, assault, industrial incident] or who have a neurosurgical diagnosis [spinal cord injury, brain

or spinal tumor, intracranial hemorrhage] and are in need of a surgeon. Quite simply, everyone else who doesn't need a surgeon is called a medical patient- the patients we *do* learn about in school, with conditions we're familiar with- cardiovascular disease, diabetes, pulmonary disease, mental health disease, infectious disease- we all know the list.

So all of my patients are admitted under a surgeon who proceeds to provide the primary intervention, but then what? Well a cardiology pharmacist has the luxury of having very focused/concentrated therapeutics, but takes care of individuals' needs as they present. Maybe their MI patient has lupus so they apply their rheumatology knowledge. The nuance for me as a surgical pharmacist is that I have much more of an "all-comers" practice. My patients aren't admitted for a primary medical condition but they still bring it with them. The next patient I get who needs hardware inserted into his lumbar spine to re-align and fuse it may come with:

- a] no medical issues or medications
- b] chronic pain, depression, arthritis, and 8 medications including opioids, antidepressants and benzodiazepines, and
- c] may or may not be alcoholic.

I think you get the picture. The truth is once they arrive, the process of care I implement for my patients is exactly the same process you learn in pharmacy school. You look for and address drug-related problems. You then recommend, implement and monitor changes. If someone's on 3 antihypertensives prior to admission but they're running at 95/55 while admitted, you better know what to do, which drug to hold/modify first because the surgeon won't be telling you- if anything *you'll* be telling the surgeon.

Now it's not quite that simple. So you take care of medical issues in surgical patients the way you would in any patient, I hope I've clarified and demystified that much. But there is still a learning curve for surgical therapeutics and this is an area

that is not covered in school. Where I now hold competence and expertise is in acute pain therapeutics, starting and modifying opioids, NSAIDs and other analgesics; seizure treatment and prophylaxis; use of high dose IV antibiotics for central nervous systems infections, traumatic brain and spinal cord injury therapeutics; and several other areas that required on the job learning.

Lastly, the O.R. - I get this question a lot. I've gone into the O.R. to observe surgeries but I do this less as time goes on, I'm just so busy. When I go in it's to learn and satisfy my interest but to be clear, I'm not needed there and it's not what I'm paid to do. It does give me significant insight into the actual surgeries and into the surgeons themselves.

That is a long answer, are you still with me?

KH Totally. So a surgeon brings the patient in and you provide all the care and services that that patient would need from a pharmacist, freeing up the surgeon to just focus on the primary surgical needs? And you still need and use what you learned in pharmacy school and in your residency?

BH Precisely. Why couldn't I be so concise?

KH I'm getting a clearer picture of surgical pharmacy practice but how do you interact with your surgeons, patients, nurses and team? What's a "day in the life" like for you?

BH First is the setting. On my ward I've got a computer, my references and binders with current patient profiles. I have access to Netcare/PIN, the charts and most importantly, the patients. Next is the team. I work with 3 neurosurgeons, a nurse practitioner, residents, hospitalists and of course an entire multidisciplinary team: dietitian, physiotherapists, occupational therapists, social worker and RN's. Finally the model: I'm a unit-based pharmacist using a collaborative approach to patient care. By having access to the patient, all staff, all data, and having the independence to direct my own time and efforts I can use my expertise to triage my patients and provide care where I believe it's most needed. The physicians and RN's will frequently consult me and/or direct me to a patient care need they think I need to address.

KH So does "unit-based" mean you can serve the needs of surgeons and nurses and not just the patients? Perhaps learning needs- you say they consult you? And you haven't mentioned rounding- do you round with the doctors?

BH Yes, by being on the unit I can answer questions doctors and nurses have, and I can teach them things I think they need to know- how to give a drug safely, when to draw a drug level for TDM and how to interpret it, and the big one- what to prescribe. Students are always interested in rounds and I do round with the surgeons. What students may not realize is that rounding is a *careful-what-you-wish-for* situation. I think for most hospital practices seeing patients together with the doctors is now the norm. We're far past *breaking into* this activity; we're there. The physicians often expect/need us there but time spent on rounds is time not spent on your pharmacy-specific work: detecting drug related problems, prescribing, monitoring, assessing, documenting and reading/researching. In my practice I have the flexibility to choose how much I round and I strive for a productive balance.

KH We've gone a bit of a tangent, what's your typical day like?

BH Right Karen. I'm in at 6:30am. I print a Netcare census and medication profiles of all my patients. I grab my notebook computer from my office and proceed to the dispensary where late shift will have left any problem orders that they received after I left the previous day. Then it's up to Unit 33. I have a little area where my desktop computer is- a repurposed supply closet actually- which is now known as the *Pharmacy Doghouse*. Sorry, student audience ... no glamor here! I fire up my notebook, which I move around on an adjustable height cart that I made in my shop. The cart holds my patient profiles and my laptop.



The residents and surgeons give me a quick heads up on any acute issues they want me to know about, often a Day 1 post-op patient I haven't met yet who has pain control issues they want me to assess and fix. Then they're off to the O.R.. I meet up with the neurosurgery N.P. and we round on all of our patients. We then write orders and document our rounds. I look through all my patients and decide who will get my personal attention that day and then start to see them. The day often includes performing BPMH's and reconciling medications. I'll follow up with patients that have issues I've already identified. More changes are likely and everything gets documented in the computer and chart. I'll also spend time looking at lab data and consults on Netcare for all patients. I verify orders and send up medications to my unit if they're not wardstock. By 9:00am I've seen patients on my own and with the NP. Throughout the day the surgeons will arrive back on the unit and I'll round with them. Now I can debrief them on the pharmacy-specific work I've done or am planning to do. We collaborate, just like they describe in school. We discuss the patients in real time, include the patient and family, and set plans. It's productive to have my notebook on wheels during rounds so we can look at the medication profiles and Netcare right when we're with the patient. I don't think other Edmonton pharmacists round with a computer on wheels but I hear it's commonplace in Calgary and maybe Red Deer. The charge nurse rounds with us and any issues nursing wants me to address are passed along to me. More orders are written when these rounds conclude and the team shares this workload.

A typical day has me performing vancomycin TDM, assessing patients for pain control and modifying their analgesics,

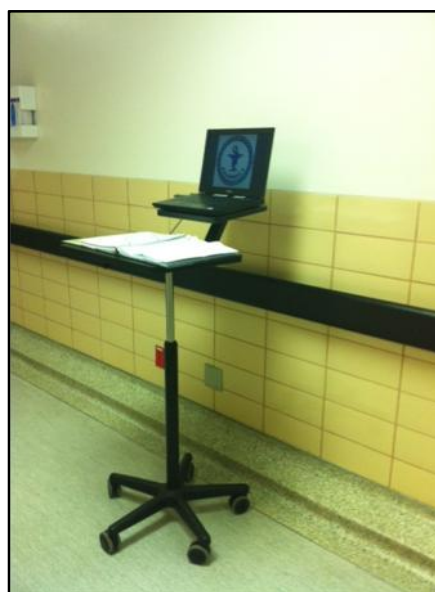
starting/stopping/modifying home medications, helping nurses decide which medications to hold or give in the peri-operative period, and starting or modifying antibiotics based on patients' clinical status and C+S results. And, oh yes, laxatives. I'm perpetually starting or increasing laxatives because we need to use significant amounts of opioids in surgical patients.

I have so many PowerPoint's on so many topics it's common for me to bring one up on my notebook computer to do some impromptu teaching to a surgery resident, NP, RN, medical student, pharmacy resident or student or even new staff who are getting oriented to hospital practice. Hey, once the work is done why not use a PowerPoint make your point? It's a great way to explain or teach something. Though I suppose I'm biased because I'm a visual learner. Some of my topics are tramadol vs. tapentadol, brief reviews of dexamethasone and phenytoin, the science and hazards of codeine, how to prescribe potassium in the acute care setting- the list goes on and on.

KH You've had your Additional Prescribing Authority for several years now and I'd like to ask you what difference it makes in your practice but perhaps we can talk about that and other professional topics in the next issue?

BH Looking forward to it Karen.

KH Thanks Brent!



A Day in the Life

by Tania Mysak, B.Sc.Pharm., Pharm D, Clinical Practice Manager - North & Experiential Education, Pharmacy Services



As one of the Clinical Practice Managers in Alberta Health Services (AHS), thinking about a “Day in the Life” of pharmacists in other areas of our profession makes me realize that I have day to day variation in my workplace as well. No one day is like the next and the best laid plans for any day can be easily sidelined by the crisis de jour. What is unique to my role, however, is the long-term planning aspect and how it balances against the short-term pieces. When I reflect on my life as a staff pharmacist (both in community and hospital), my day-to-day variation was related to patient workload, and any of my mid- to long-term planning was (again) related to specific patients. Setting a goal of follow-up for a specific therapy was measured in hours, days or months depending on the setting, but it was all still related to a specific patient and context.

Now as a Clinical Practice Manager, that part of my job is the minority. Yes, I still maintain an active clinical practice, and on those days when I’m on the unit I do get to focus on the patient in front of me and how I can best help them in the few days I provide their care. However, much more of my energy and attention is less patient-specific and rather systems-centric.

Overall, my role now is to lead a team of Clinical Practice Leaders in their work to push the envelope of pharmacist practice forward, and enable our AHS pharmacists to work to their full scope and potential, thereby helping more patients. It’s really “big picture” stuff and progress is measured in small increments over long periods of time.

To achieve these lofty goals, on a daily basis I need to discover, practice and draw from any one of these skills (and sometimes, all of them at once):

- Attending meetings, but purposefully! What are we discussing that will impact my work or my team’s work or our department or our profession? Who do we need to connect with? Who do we need to influence? What is our next step after this meeting?

- Project management Our team has great ideas and does great work, and I need to help keep the projects focused and on track. Is this work we need to do? Is it still relevant to our core mandate? What other resources can we use to support this work? Who will take responsibility and what deadline are we working towards? How will we roll this project out? How will we evaluate its success?
- Leader and Coach I have many great ideas, but my team has that many more, and they have even larger teams they work with even more great ideas. How do we discover, synthesize and test these ideas? How can we coach and encourage people to be their best and discover innovative solutions to the problems we all face?
- Organization and Discipline (sprinkled with flexibility) There’s a lot of email, a lot of demands on my time, and a daycare (for my kids) that closes at 5:30 whether I like it or not. I need to be organized and I need to be disciplined to get what needs to get done completed, even if it means my plans for the day just flew out the window.
- Mind of a Scholar, Prose of a Poet I need to constantly look for ways to do things differently or “better”, and convince others that change is both necessary and possible. Why are we doing things this way? Can we do them better? What does success look like? How can we get others excited and motivated to embrace something different?
- Trust and Pragmatism There simply isn’t time to get it all done; I certainly can’t do it all, and not all of it needs to happen now (or ever). I need to trust myself to make decisions based on the information I have when I have it (even if I want more time) and move on. I need to trust my team and delegate work where I can. I also need to make strategic decisions on which work needs to happen and which gets shelved. “Don’t sweat the small stuff”...words to live by!

So, a “day in my life” is...never dull! I’m constantly discovering new ways to do things, gaining new perspectives and learning how I can improve as a pharmacist, leader, manager, mentor and coach. I work with fantastic colleagues and our shared energy drives us onward!

Blue & Gold 2014



Photo credit to the Yearbook Editors

Congrats to the
Class of 2016
for winning the Punch Competition!



Photo credit to the Yearbook Editors



Congratulations to all of the award winners!

Odds and Ends

APSA Wellness Event: Learn to Dance

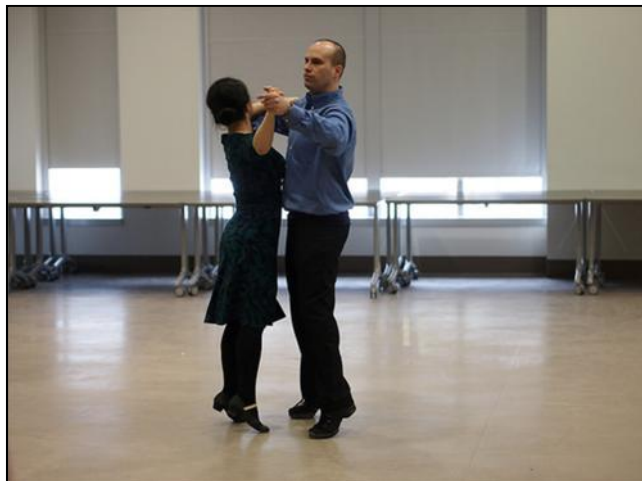


Photo credit to the Yearbook Editors

Pharmacy Horoscopes

by Allison Mejilla, Pharmacy's Resident Miss Cleo (with a little help from "He Who Must Not Be Named" aka "Tale Hexa")

Pisces (Feb 19 - Mar 20)

With Mercury crossing paths with Mars, you will find yourself contemplating whether or not you have adequate vitamin D levels. Considering it is winter in Canada, you decide you want to minimize your risk of osteoporosis and begin planning a trip to a tropical place with loads of sun.

Tonight: Look into vitamin D supplementation until you can get some sun.

Aries (Mar 21 - Apr 19)

As Earth passes through Orion, you realize how much cheap Valentine's Day candy you've eaten in the last 3 weeks. You decide to take your fasting blood sugar at 7 AM and see that it is 6.7, which looks like you're on your way to prediabetes. But being the astute pharmacy student that you are, you remember that you woke up at 5 am to eat the last of your candy.

Tonight: Lead by example and try to get that FPG down.

Taurus (Apr 20 - May 20)

We are now slightly past halfway through the semester and you begin to panic because you feel like all of your assignments have snuck up on you. Take a breath and take each assignment one at a time.

Tonight: Nothing like a lovely glass of wine and a little bit of colouring to make you realize how full circle your studies have come.

Gemini (May 21 - June 20)

St. Patrick's Day is coming up and you're looking to party. Ask your pharmacist to adapt your metronidazole + cefazolin prescription to cefoxitin for your surgical prophylaxis to that you avoid that disulfiram effect.

Tonight: Looks like you're drinking before your appendectomy.

Cancer (June 21 - July 22)

Given the rotation of Saturn's rings, you decide to convince your high risk post-menopausal female patient to get a DEXA scan to assess for osteoporosis. She has a T Score of -3.5. What do you do next, future pharmacist?

Tonight: Peruse the Osteoporosis Canada website for some advice.

Leo (July 23 - Aug 22)

Though you may be 0-20 with Roll Up the Rim, your luck may be turning around and you'll get that rotation site that you wanted. Congrats, you remembered how to use RxPreceptor. WIN!

Tonight: Go party at your site.

Virgo (Aug 23 - Sep 22)

With Venus and Mercury putting on a show, you have a vivid dream that you are still in first year (or maybe you actually are) and your patient has mad allergies, yo. You recall that this patient has BPH, so you should advise them to avoid first gen antihistamines.

Tonight: Slap some cream on that ish.

Libra (Sep 23 - Oct 22)

As Pluto's ellipse brings it to the outer border of our solar system, you reflect on the fact that Pluto is not a real planet. This reminds you to tell your patient that similar to Pluto, ColdFX isn't a real remedy to treat an acute cold.

Tonight: ColdFx is indicated for prevention, but you should probably still wash your hands

Scorpio (Oct 23 - Nov 21)

Given Europa's trajectory around Jupiter, you begin to question whether that new drug from that new company for that disease is appropriate for your formulary. Seeing as you're not from Quebec, you look to CADTH's CDR to see what the evidence says.

Tonight: Vote no on the referendum to separate from the rest of your faculty.

Sagittarius (Nov 22 - Dec 21)

Due to the moon's gravitational pull, you recall that the ideal blood pressure is 140/90 to reduce cardiovascular risk. Lay off the coffee (regardless of how sleepy you are...)

Tonight: Make sure that you sign up for the PAM Blood Pressure clinic.

Capricorn (Dec 22 - Jan 19)

Considering that Venus' volcanoes are erupting out of control, you realize that you may have made some poor choices on Valentine's Day. Luckily, one dose of long-acting penicillin will make sure that mistake is short lived. Phew! Wipe that sweat off your brow.

Tonight: Remember what is reportable and contact all partners.

Aquarius (Jan 20 - Feb 18)

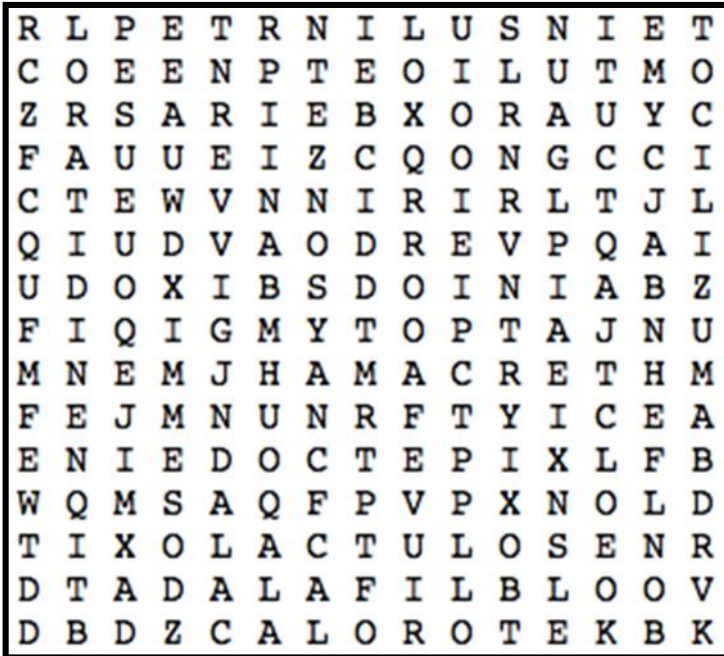
As the moon rises, you realize that you've just read an entire page of horoscopes when you should be studying.

Tonight: Now that you've read all of PQ, stop procrastinating (unless you're trying to solve the Contest Time question. That kind of procrastinating is encouraged.)

Contest Time: Word Search Style

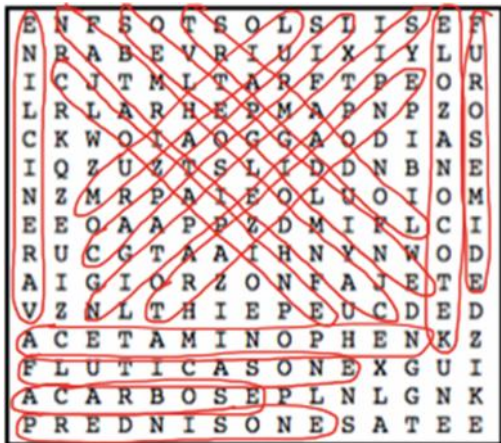
by Allison Mejilla

It's that time for one of your many favourite PQ features... CONTEST TIME!!! To answer this edition's Contest Time question, you will need to complete the word search and with some of the remaining letters (i.e. the letters that haven't been used in the word search), you will be able to find the answer to the Contest Time question. This edition's Contest Time will be the last one of the year, so take advantage of it!



- CETIRIZINE
- CODEINE
- DIMENHYDRINATE
- ETANERCEPT
- INSULIN
- KETOROLAC
- LACTULOSE
- LOPERAMIDE
- LORATIDINE
- NAPROXEN
- OXYCODONE
- PERINDOPRIL
- ROSUVASTATIN
- TADALAFIL
- TOCILIZUMAB

This drug is a pegylated DMARD that is administered subcutaneously every 2 weeks.



This DAA was approved by Health Canada in November 2013 for the treatment of HCV.
SOFOBUVIR or SIMEPREVIR

Congratulations to
Eliezer Chin
for winning the January PQ
Contest!

Once you have your answer, e-mail it to Allison (allison.mejilla@ualberta.ca) with the subject line "PQ – Contest" by April 2, 2014 and you have the chance to win a \$25 Boston Pizza gift card. Happy word searching!