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DISCLAIMER: Any opinions or viewpoints published herein are directly from the contributing authors and do not represent the philosophy or viewpoints of the Faculty of Pharmacy or the University of Alberta.
Message from the Editors

In the last issue of the Pharmacy Quarterly, I challenged you all to try to learn something new each day. Here’s a few notable tidbits that I have learned so far this semester:

- When you hear upper years warn you about how difficult second year of pharmacy is, they are NOT exaggerating!! First years, be warned: second year is tough (ALWAYS STUDY NEVER SLEEP!) .... but it’s manageable so don’t freak out.

- Incontinence is NOT sexy. Fortunately, I did not learn this from personal experience.

- If you type “Do a barrel roll” into a Google search, IT DOES A BARREL ROLL!

- Apparently, dumping copious amounts of chemicals down the drain could result in an explosive reaction in the sewers, causing manholes to fly upward into the streets! True story.

- You can never be too old for Disney movies.

- Hugh Laurie (aka Dr. House) has a blues album... and it’s awesome.

- Counter-clockwise hysteresis may be caused by a lag time for the attainment of Cmax at the site of action, for example in a multi-compartmental model. (I had to include something school-related).

- Banana bread tastes better when it’s happy!

- Some things are more important than passing a test, or getting an A (... or a B). This is not something newly discovered, but it is something I think everyone should be reminded of on a regular basis. Don’t forget to relax and have fun!

Tara Leong
PQ Editor
CAPSI competitions
While I am a lover of alliteration, piercings and professionalism are two “P” words I would have never thought could be used together.

Piercings and tattoos have generally had a bad reputation in the professional world in the past. But why? Before I got my facial piercing, my mother was very much opposed to it. Her reason? “I don’t want my daughter looking like that.” By that, I assume she meant “punk” or “rebel.” And I think herein lies the main bias against tattoos and piercings: it is a sign of rebellion and of going against convention.

With this notion in my head, I was weary of what the faculty would think before I got my facial piercing (a Monroe). Every time I would talk to a professor, I would await the exclamation of, “what is that on your face?”... but it never came. Ok, I’ll be safe until my first year rotation. I was placed in a smaller town and thought they might not be as used to piercings, so I will definitely get some strange looks. And again, nothing. The most I got was, “Wow, did that hurt?” Phew, dodged that bullet once again.

In first year, the concept of looking like a professional had been drilled into our head almost every day, and for good reason. A pharmacist must reflect a certain image and demeanour so that all patients feel comfortable and can trust you. Without trust, you will not build a good rapport, or it will take much longer. So why then, with my piercing, did I not have difficulties in this area? And I think it comes down to attitude.

“A pharmacist must reflect a certain image and demeanour”

While many argue that piercings or tattoos reflect a rebellious, “screw the man” mentality, I believe that the attitude that you convey to the public through your cleanliness, body language and speech are much more important in determining professionalism. I do not go up to a patient, blankly stare at them and say, “Hey, what do you want?” No, I approach a patient with a great big smile and say, “Hi, how can I help you?”

I do not believe my individual style will hamper my ability to deal with patients, but the day when my attitude reflects the “I do not care about you or what you think” attitude that tattoos and piercings are generally ascribed to, that is the day I fail to be a professional.

And hey, maybe I want my health care professional to be a little out of the box. Progress can only occur with new ways of thinking, so a little unconventionality can go a long way.

Sarah Choudhry
Class of 2014

Have an opinion on this piece? Let us know!
Send us an e-mail: PQ@myapsa.ca
Updates from RxA

Hello Pharmers! I hope you are doing well with school and enjoying the snowless weather that we have been receiving so far.

Here is an update from RxA that informs you of what is happening with the association.

In September, there was a board planning session where one of the focuses was on identifying RxA’s impact on the future context for pharmacy and healthcare. The board met with Glenn Monteith, Assistant Deputy Minister and Steve Long, Executive Director for an Alberta Health and Wellness Update.

Also as part of the Pharmacy Transition Team, RxA has met regularly with government to discuss the Alberta Pharmaceutical Strategy. The association is moving forward with four key themes of pricing, rural access, communications and pharmacy services.

As there is a push for services such as medication reviews and annual care plans, a compensation model revolving around the pharmacist’s role in patient adherence and risk management has also been stressed.

If you haven't had the chance yet make sure you sign up for a complimentary membership to the Alberta Pharmacists’ Association!

To join RxA, email Jody Johnson, Manager of Member Services at jody.johnson@rxa.ca with the following:

Full Name  
Email Address  
U of A Student Number  
Graduation Year  
Mailing Address  
City  
Province  
Postal Code  
Telephone  

Sheldon Chow  
RxA Student Representative

IPSF Article:

Tsepong - Hope of Lesotho

Landlocked in the middle of South Africa like an island in the ocean, Lesotho appears weak and helpless in the face of its large neighbour.

Behind the stunningly beautiful canyons and scenery lies the unavoidable truth of resource scarcity and backward economy. Politically and economically, Lesotho heavily depends on South Africa. With more than one-third of all adults in the country HIV-positive – the highest rate in the world, massive deaths led to reduced food output and widespread poverty. Of the 437,102 children in the country, 182,362 are orphaned, which means 41.7% of all Lesotho’s children do not have one or both parents.

In 2005, Dr. Anne-Marie Zajdlik,a family doctor and HIV physician in Guelph, ON launched the Bracelet of Hope Campaign in partnership with Ontario Hospital Africa (OHAfrica) and opened the first HIV/AIDs clinic in Lesotho – the Tsepong Clinic (meaning the place of hope). The campaign reached its first target of raising 1 million in support of the Tsepong clinic in 2008.

Now self-administered by the Lesotho government, the Tsepong clinic continues to provide high quality medical care and distributes life-saving anti-retroviral drugs (ARVs) to the 21,000 HIV positive patients it supports.

As successful as it may seem, desperation is on the rise due to the fact that there are too many people and too few drugs. If the ARV pilot project fails, there is a potential risk of developing resistance strains, the repercussions of which will eventually spread across the entire continent and the rest of the world.

Now the Bracelet of Hope Campaign has been embraced and supported by campuses and organizations across Canada. It has become a national dream to set Lesotho free from the death grip of HIV/AIDs by placing a bracelet on the wrist of every Canadian.

Fellow pharmacy students of U of A, the alarm has sounded for us to join the global battle against the greatest pandemic and human catastrophe in history. Together, we hold the power to give Lesotho hope and a future.

Ariel Xue  
IPSF Representative
Why We Need to Kick “The Curve” to the Curb

The grading curve, by definition, means that students are graded based on their relative achievement in the class.

Students are forced to compete against each other for marks. Though this is important in undergraduate degree programs, where students’ academic achievement must be ranked, it is inappropriate for professional degrees such as pharmacy since it fosters an unhealthy attitude regarding achievement.

Essentially, the grading curve motivates us to be competitive rather than collaborative. It encourages us to hope for weak performances from others, providing an incentive to limit how much we help one another. This has (thankfully) never extended to acts of sabotage. Still, individual competency should not be measured solely by comparison to others.

If you have a good understanding of, say, the therapeutics of asthma, why should you be penalized if others do as well?

The curve also forces students to desire low class averages on exams, despite the fact that this resentment of others’ success is unhealthy and damaging, especially within a supposed community. As professionals, why are we hoping for our colleagues not to do well? Do we actually want others to graduate lacking knowledge necessary to be competent pharmacists? If this is our attitude now, we cannot possibly develop unity and nurture the profession as pharmacists.

Supporters of the grading curve may argue that the presence of competition encourages students to constantly strive for their best. However, an improved grading system would be more effective and meaningful. Many pharmacy students already donate time and effort towards helping their classmates, such as by providing study guides, sharing useful tips, and tutoring each other. Their generosity is limited, of course, by the nature of the grading system. If courses were simply pass/fail, there would no longer be the incentive to limit helping one another.

Excellence in pharmacy practice is of utmost importance and students should always be encouraged to succeed. However, pharmacy school should not foster the mentality that personal success is achieved at the expense of others.

Obviously, we all want to graduate as competent pharmacy professionals. We also want to be well-adjusted individuals who celebrate colleagues’ success instead of resenting it. Eliminating the grading curve would allow us to do both.

Grades vs. Knowledge: What is the current focus in the curriculum?

Both grades and knowledge are undeniably important for a student’s success in the pharmacy profession; however, they are also two very different goals.

Grades serve as an indicator of knowledge, but who are we kidding, we all get good grades (88.3% average on oncology final?). Nonetheless, grades are important for scholarships and recognition, but lots of the time, they indicate a capacity for students to retain information until exam time. Getting good grades is a short-term goal in the scope of the pharmacy profession – basically until exam time.

Knowledge on the other hand is the life goal of the pharmacy profession. It indicates professionalism, integrity, accountability, confidence and represents us accurately as the drug experts. In an interdisciplinary environment, constantly updating our knowledge about existing and new medications, interactions, new fields of pharmacy practice, and the always-changing guidelines is what will differentiate us from our fellow interdisciplinary team members as the drug experts. This requires the professional practice of constantly seeking information in a self-directed learning fashion, being proactive with regards to participating in conferences and rounds in a clinical environment.

In the end, I want to say that acquiring up-to-date knowledge proactively should be one of the ultimate goals of a pharmacy student. Grade will naturally follow; however, if obtained through this method, professionalism, strong relationships, and respect for the profession will also follow.

Melissa Chung
Class of 2014

Basel Alsaadi
Class of 2013
We all have our cop-outs. According to our professors, the most frequent cop-out of a pharmacy student is the listing of “GI upset” as a side effect.

But our professors have their cop-outs too. My personal favorite is when they say, “well, that would be up to your professional judgment”. It seems that whenever our professors are faced with our brightest and most insightful questions, this is the answer they give us. I don’t mean to imply that their answer is incorrect. The world of pharmacy, and health care in general, is painted in many shades of grey; the reassuring tones of black and white are scarce. The problem is that we, the students, already know this.

When we ask our challenging, insightful questions, we know that there is no easy answer; that is why we ask them in the first place. In asking these questions, we leave the safe zone of right and wrong answers and take our first timid steps towards the uncertainty of real life. You can see then why we are disappointed with a “use your professional judgment” answer.

I realize, as I’m sure my fellow students do as well, that our “professional judgment” is something that we will develop over time. Without guidance from our instructors, the only way we can learn how to handle these situations is through experience.

While practical experiences are an invaluable learning tool, I am not paying $6000 plus in tuition to learn things on my own. I am paying for the insights and knowledge of my professors; I am paying for the things that I would not have learnt by working behind the counter in a community pharmacy.

As we advance through our therapeutic modules, more and more of our professors and guest lecturers are active, practicing clinical pharmacists. The wealth of knowledge and experience that these people have is invaluable. What some of them fail to realize, is that I am not paying for them to come read off the slides that I hold in my hands and to tell me to use my “professional judgment”. Having graduated from elementary school, I am perfectly capable of reading on my own and I have enough common sense to know when there is no right answer.

The reason I show up to class, the reason we ask our challenging questions, is because we want to learn from our instructors experiences. I want to know how they would handle tough situations and why they would handle them that way; I want to know what questions to ask, what signs to look for, what would sway their decision one way or the other.

I am happy to see some of our professors moving in this direction. I can only hope that the rest of them will get there soon.

2nd Year Student

Have an opinion on this? Let us know: PQ@myapsa.ca

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**important dates**

Additional information may be found on the APSA website [www.myapsa.ca](http://www.myapsa.ca)

**November**

18 Friday
Pharmacy Career Fair
Dinwoodie Lounge in SUB
2:00 - 5:00 p.m.

23 Wednesday
Mr. Pharmacy
Myer Horowitz Theater in SUB
6:00 p.m.

25 Friday
CPhA Lunch and Learn
12:00 - 1:00 p.m.
TGIF: Moustache Bash
O’Byrnes on Whyte

**December**

1 - 2 Thursday - Friday
HIV/AIDS Awareness - Bracelet of Hope Campaign
APSA Lounge and DP Foyer

25 Sunday
Christmas!

**January**

9 Monday
Winter Term class begin
Research Day is a showcase of the undergraduate, graduate and post-doctorate research that is currently taking place in the Faculty of Pharmacy and Pharmaceutical Sciences. It provides a wonderful opportunity for students to engage in discussions regarding summer research opportunities and graduate positions after finishing the BSc. Pharmacy program.

There are 12 undergraduates taking part this year, come out and support your peers!

Undergraduate Poster Awards:
First Place: GLAXOSMITHKLINE National Summer Student Research Program Award
Second Place: $200

Keynote Speakers:

Dr. Ellen Fritsche: “3D goes 3R: in vitro cultures as tools for modern risk assessment?”
Leibniz Research Institute for Environmental Medicine, Dusseldorf, Germany:

Dr. Fritsche is a Professor of Dermatotoxicology at the Clinic for Dermatology and Allergology of the University of Aachen, Germany, and has a joint appointment with the Leibniz Research Institute for Environmental Medicine, Dusseldorf, Germany, where she leads a research group in the Molecular Toxicology Division. Her research focuses on the effects of xenobiotics (e.g. endocrine disruptors) on human brain development in vitro by applying a ‘neurosphere model’. Moreover, Dr. Fritsche investigates the molecular basis for species differences in neural progenitor cell development and responses to xenobiotics. In addition to neurotoxicology, her research interests are in the field of dermatotoxicology; she investigates enzymatic activities of xenobiotic metabolizing enzymes and the consequences of aryl hydrocarbon receptor activation in human skin and skin cell-derived in vitro models.

Dr. Ingrid Sketris: “Community engaged scholarship: Examples from pharmaceutical management research in Nova Scotia”
Dalhousie University

Dr. Sketris is a Professor of the College of Pharmacy, School of Nursing, School of Health Services Administration, Faculty of Computer Science, and the Department of Community Health and Epidemiology at Dalhousie University. Dr. Sketris was a member of the Scientific Advisory Panel of the Canadian Coordinating Office for Health Technology Assessment (1996-1998) and of the Patented Medicine Prices Review Board (1999-2004). She is currently a member of the Canadian Institutes of Health Research (CIHR) Institute Advisory Board for Health Services and Policy Research.

In 2000, Dr. Sketris received a Chair in health services research focusing on pharmaceutical policy and utilization management from the Canadian Health Services Research Foundation (CHSRF) and the Canadian Institutes of Health Research (CIHR) cosponsored by the Nova Scotia Health Research Foundation. She and her colleagues at IMPART conduct research related to medication management.

In 2006, Dr. Sketris received the Anne and Neil McArthur Award April 25, 2006. This award is presented annually to a researcher who works in the area of study covered by the Father Sean O’Sullivan Research Centre affiliated with McMaster University and is an award to honor the achievements of an outstanding researcher. In 2007, she received the Canadian Pharmacists’ Association Centennial Award. This award recognizes 100 leaders and builders of the Canadian Pharmacists Association and the profession of pharmacy in Canada over the past 100 years. In 2007, Dr. Ingrid Sketris received the Women of Excellence Award for Education and Research. This award is presented by the Canadian Progress Club – Halifax-Cornwallis.

If you have any questions regarding Research Day, please contact me at amc14@ualberta.ca.

Anita Cumbleton
Research Day Committee Member
3rd Year Pharmacy Student

All students are invited to attend.
If you cannot attend the whole day, read about the two Keynote Speakers and take the opportunity to attend the session that interests you the most.
CSHP Update

CSHP... When I hear that name, I quickly think of anything that is related to hospital pharmacy, hospital pharmacists, monitoring drug therapy, visiting patients and interacting with a health care team.

However, upon further pondering, I began to ask myself, “How can I reach out to those who are not already practicing in a hospital setting?” In other words, “How can I reach out to students like you?” I quickly went to the CSHP website and started looking at ways to get more students involved. It was then that I realized the extent to which CSHP is accessible to students. For example, there are seminars advertised on the CSHP website that do not require you to be a CSHP member and some may even be FREE! If you look at the CSHP-AB website, there is a section called “News and Events” where any upcoming events/seminars are posted.

These sessions may help you gain more clinical knowledge as well as meet pharmacists and other health care professionals that work in a hospital setting! CSHP also offers many scholarships and awards for students in order to encourage and congratulate you for your hard work! All of these opportunities may be found on the CSHP website and I encourage you all to explore it! www.cshp-ab.ca

Muna Shoblak
CSHP Rep

SU Update

Hello Pharmacy Coterie!

Christmas is just over a month away! That means that there are only a few more meetings of Students’ Council before the Break. If you’re interested in seeing what the inside of Council Chambers looks like, send me an email at pharmacy@su.ualberta.ca and ask about attending a meeting. As an extra incentive, at our November 22 meeting, we will be having a supper of CURRIED CHICKEN/ VEGETABLES WITH RICE! and our December 6 meeting will have TURKEY, DRESSING, MASHED POTATOES, and EGGNOG PUNCH!

Yes, we sometimes have fabulous meals at Students’ Council meetings but we also get stuff done!

The possibility of having an entire week off in future fall semesters is becoming a reality! The Fall Reading Week Task Force has been trying to figure out the best way to make this happen. In order to have days off in the fall, we will have to make up those lost days elsewhere. Some ideas have been proposed such as classes starting earlier after Labour Day and ending later in December. What this means for Pharmacy students is unclear since we often don’t have the same schedule as the majority of undergraduates. I will continue to follow up on this progress.

The annual Campus Cup Dodgeball Tournament (Dare to Dodge) will be happening on Nov. 25-27! Make sure you get a chance to cheer on a few games if you’re not already playing. If you’re sad that you’ve missed the opportunity to play some serious dodgeball, keep your eyes open in February when we attempt to regain our Guinness World Record and host the world’s LARGEST dodgeball game. Last February we broke the record with over 2,000 players in the Butterdome.

Work has been going underway to decide the best way to regulate mandatory non-

instructional fees at the U of A. So far the stance has been to let it go to students through a referendum during the March elections. I will also keep you updated once an agreement is reached.

So long for now! Happy Movember and see you at Mr. Pharmacy!

Sarah Zhao
SU Pharmacy Councillor

Interprofessional Update

Since the last update that I’m sure you found engrossing (har har), much has occurred in the interprofessional world.

Most notably, the first ever Interfaculty Mixer hosted at the Rack, Oct 14th, went off without a hitch (although if you were keeping up with my in-class announcements, I’m sure you noticed the process was not entirely absent of hurdles) and was considered a great success by all who attended. Friends were made, Locks and Keys matched, appetizers enjoyed, and prizes won as we danced the night away in all our interfaculty glory. A special thanks to all of those who attended!

Did you not attend?? Well, fortunately for you, there is a second faculty mixer, this time a fundraiser for an interprofessional cause in the works… perhaps next semester?… Ah! But I’ve said too much! Stay tuned as details have not been confirmed……

In other news, HSSA is holding an “Iron Chef” event, where each faculty will have an opportunity to enter teams and combat each other through their cooking expertise… Unfortunately, at the time that I am writing this update I have not been provided any specifics to divulge to you… However.. Heed my warning that it will be epic; and stay tuned to your class announcements for the details on how to enter a team. (I know right? The interprofessional message is filled with a sense of… erm… mystery, let’s call it that a’ight?).

Finally, make sure (if you haven’t already), go check out the ECHA building. That gigantic colorful thing across from the hospital; ya, just so you know, It’s rad… interprofessionally integrating, and free of our exoskeleton friends… Jus’ sayin.

Finally, although it’s not interprofessional; EVERYONE GET STOKED FOR MR.PHARMACY WHOOT WHOOT!!!

Until next time - stay classy Faculty of Pharmacy,

Sarah Zhao
SU Pharmacy Councillor

Interprofessional Director
What is Mr. Pharmacy?

Classmates nominate two male student pharmacists to represent their class in the competition. The event accepts eight bold men that will face each other in a battle of wits and wiles that includes formidable tasks such as: filling vials with the correct number of tablets (candy), modeling their beachwear, showcasing a talent and knowledge of current pharmacy events. Two members of the Faculty and four student pharmacists judge these competitors and choose who will be the next “Mr. Pharmacy”.

Last year, through silent auctions, and corporate donations, the Alberta Pharmacy Students’ Association (APSA) exceeded all expectations and raised $6000 towards Prostate Cancer research. Within days of announcing the event, ticket sales sold out to both faculty and students who arrived with classy attire ready to enjoy an evening together as Pharmacists and for the good cause of Prostate Cancer research.

This year, APSA is hoping to exceed expectations again and raise $12000, double the amount received last year!

Why Prostate Cancer Canada?

Here are some statistics to think about:

- Prostate cancer is the most common cancer to afflict Canadian men.
- During his lifetime, 1 in 7 men will be diagnosed with the disease.
- 25,500 men will be diagnosed with prostate cancer this year alone (2011).
- 4,100 men will die of the disease this year.
- The incidence of prostate cancer is increasing due to the aging of the population.
- Over 90% of prostate cancer cases are curable if detected and treated in their earliest stages.
- It is thought to be a potentially preventable cancer in many cases, but more research is needed and government support for this research is inadequate.

How can I help?

Buy a ticket and go to Mr Pharmacy 2011, bid on auction items, or make a donation!

Many of our classmates are also participating in Movember. You can sponsor them, or donate to the Mr. Pharmacy team at: http://ca.movember.com
Here’s the break down of this year’s contestants. Who do YOU think will take it all?

**DOUGLAS OWOO  Class of 2015**

- **Height:** 6ft 11in
- **Weight:** 235lb
- **Strength:** People Person
- **Weakness:** I care too much!
- **X-factor:** Calgary Charm

**MARK DIAZ  Class of 2015**

- **Height:** 1/3 the Height of an Average Giraffe
- **Weight:** 77 150...mg
- **Strength:** Ninja-like Reflexes
- **Weakness:** Puppies.
- **X-factor:** The heart of a champion
RICHARD CAO  Class of 2014

Height: I do believe I am 5’5... AND a half

Weight: A whopping 128lbs

Strength: Strength

Weakness: Kryptonite

X-factor: People can change a lot about themselves but they can’t turn back the clock... Since I’m still in my teens, my X-factor is youth.

SHELDON CHOW  Class of 2014

Height: 5ft 9in

Weight: 140lbs

Strength: Having no weaknesses

Weakness: Having too many strengths

X-factor: It’s a secret...
VICTOR WONG  Class of 2013

**Height:** 5ft 6in

**Weight:** 157lbs

**Strength:** I’m easy on the eyes (at least I hope so)

**Weakness:** Poutines... I would do anything for a good poutine.

**X-factor:** My dedication to win Mr. Pharmacy!

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DARREN TARDIF  Class of 2013

**Height:** 188cm

**Weight:** 160kg (as written on my driver’s license)

**Strength:** I was born and raised in the hood of LLB. It’s like they say, you can take the pharmacist out of the hood, but something something and drugs. This gives me a huge competitive advantage.

**Weakness:** My competition can learn a lot about me quite easily by watching my biography - Anchorman.

**X-factor:** My X-factor is my X-chromosome. I’m really in touch with my feminine side. This will undoubtedly win over the female judges. Since pharmacy is roughly 60/40, there should be more female judges - this contest is already over.
<table>
<thead>
<tr>
<th><strong>GREG GANDOKE</strong>  Class of 2012</th>
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<tbody>
<tr>
<td><strong>Height:</strong> 6ft 3in</td>
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<tr>
<td><strong>Weight:</strong> 190lbs</td>
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<tr>
<td><strong>Strength:</strong> My face</td>
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<tr>
<td><strong>Weakness:</strong> I’ve got a big, soft heart</td>
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<tr>
<td><strong>X-factor:</strong> What do I bring to the table? - I worked on APSA for 3 years....mostly my job was to carry tables. So I usually have to be the one who brings the Table!</td>
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<table>
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<th><strong>JAMIE KOTLEWSKI</strong>  Class of 2012</th>
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<tr>
<td><strong>Height:</strong> 6ft</td>
</tr>
<tr>
<td><strong>Weight:</strong> 215lbs 7.3% body fat</td>
</tr>
<tr>
<td><strong>Strength:</strong> Raging masculinity</td>
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<tr>
<td><strong>Weakness:</strong> N/A</td>
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<tr>
<td><strong>X-factor:</strong> The deep rumble of my baritone voice</td>
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Mr. Pharmacy 2010

Last year, Mr Pharmacy 2010 was a great success! Together, we raised over $6000 towards Prostate Cancer Research.

We managed to track down a couple of the contestants from last year to ask them a few questions about Mr. Pharmacy:

Joey Ton, Class of 2013 (second from the left)
Jeremy Chan, Class of 2012 (far right)

What is Mr. Pharmacy... If you could describe the event in two words, what would you say?

Joey Ton: The Awesome Contest
Jeremy Chan: Two Hours

Last year we saw you gentlemen work the runway in Mr. Pharmacy 2010. What is the name of your signature look?

JT: I call it “The Pharmaceutic Fury”
JC: “Maximum Comfort and Protection”

Who would you like to see win the title of Mr. Pharmacy 2011?

JT: I am rooting for Douglas simply because of his skillful modeling in the Mr. Pharmacy poster. With that look he's going to blow away the competitors - yes, even Richard and his muscular arms.

JC: It's hard to say who will win Mr. Pharmacy this year since there is always an element of surprise. I think Gregory from fourth year has a pretty good shot at winning. He's a favorite among the faculty and he has a bit of an insider perspective from being one of the hosts last year. That being said, I also think Jamie from fourth year has a decent chance of winning. People in North America tend to love well-built muscular men, and Jamie certainly fits in that category.
In 2005 I went to several conferences in Europe for work and spent quite a bit of time figuring out international and domestic flights.

The last conference was in Rome, but my flight back to Canada was through Paris so I decided I would book a discount domestic flight from Rome to Paris, arrive late and stay the night in Paris, then take the shuttle and catch the 11 AM flight to Montreal. The flight to Canada was on a discount airline, only running twice a week. I booked the domestic flight through another discount airline for only 27 Euros. It seemed like a good idea at the time...

After getting to the airport on the outskirts of Rome and passing through security, I was patiently waiting in the gate when a rainstorm of epic proportions hit the airport. This was an experience which I had never had before... the rain was so hard and intense that I could not see even 10 cm out of the window - it was like the world got smudged out.

The guidebook did say the weather in Italy was unpredictable in September, but I didn’t expect anything like that. Well as you can guess, the flights were delayed and then eventually cancelled and I ended up spending a sleepless night in the tiny airport with three other, very nice ladies from Canada.

The airport soon turned into a scene out of a disaster movie, with the roof leaking, no water to drink, the Italian security service (with Armani outfits and big guns) coming to keep us under control, and only Kinder Surprise and chips to eat through 12 hours of sleeplessness.

I was lucky enough to get a new flight at 6AM the following day (the later one was at 6PM which would have meant I missed my flight home entirely). However, we landed at 9:30 AM in Beauvais airport, which is located in The Middle Of Nowhere, France. Myself and the other ladies needed to get de Gaulle stat, so I ran to an ATM, threw in my credit card, said a prayer that it would work, and took out 100 Euros. We ran out to the taxi stand (which had a total of three taxis) and waved the Euros at the driver with a desperate look, saying “How fast can you get to Charles de Gaulle?!” He got us there on time... when I walked in the door my flight was just doing check in.

I was particularly lucky that this all worked, as I did not have enough room on my credit card to book a different return flight home, let alone even book a hotel room for the night. I can’t describe how relieved I was to get on the plane to go home!

Lesson: don’t rely on discount airlines and never travel with a small limit on your credit card!

Karen Hagen
Class of 2014

With winter holidays approaching, and escapes to tropical destinations on the mind, booking flights can be an ordeal:
My Holiday Wish List

• Notes that are posted an hour OR LESS before the class. (I loove the adrenaline rush of printing off notes minutes before class begins).

• Lecture notes with black backgrounds and white text. (Sure, printing slides with black text on white backgrounds may be cheaper... but don't worry about it because, like all students, I’m rich!!).

• More unrelated pictures on the slides. (That picture of the sun wearing sunglasses REALLY helped me understand the concept of tablet manufacturing.)

• More slides per lecture. (Because 100 slides in 50 minutes just doesn't challenge me enough).

• More random exam questions. (Because nothing enhances patient-centred care like knowing that fighter pilots used cocaine during WWII!!)

Until next time,

Angry Pharmacy Student
PharmBase was created with the vision of connecting pharmacists together.

Too often there is a disconnect between pharmacists, students and other major groups within the profession. Drastic changes to the practice of pharmacy are on the horizon and we must stand united or risk becoming obsolete.

Join us at the PharmBase online community at www.pharmbase.ca (invite code = 4gate)

Students are the future of our profession!

Help us by taking PharmBase to your preceptors, your peers, your professors even! Help shape the future.

Sign up and get involved!
Here are a couple that we received:

Reading Pharmaco,
All the blockers make me laugh
bitterly: o...lol...

A coffee in hand,
I read up on thiazides...
sudden urge to pee!

The winner is:

My learning follows
zero-order kinetics
(brain saturation).

Julia Hui (Class of 2014)

The prize: A gift certificate!
We will contact you when you can pick up your prize.

Alas, winter is finally here. We’d like to see if you can take a photo that incorporates Pharmacy and Canadian Winters. Bonus points for creativity.

This picture can be artsy or silly, it’s up to you!

We will choose our favourite and publish it in the next PQ.

As always, the winner of this contest will get an AWESOME PRIZE!
Pharmacy Crossword  
created by: Devin Davis

ACROSS
1. Acronym used in pharmacokinetics
4. An unbiased person
7. Inhibits gastric secretion and motility
11. Hormone released from alpha cells of pancreas
14. Refers to the form of liability which holds the employer liable
15. Used to treat acute diarrhea
16. Type of anemia
17. Chief cells secrete
18. First aviatix to fly solo across atlantic. Famous disappearance
19. Doing good, positive steps

DOWN
2. A complication of diarrhea
3. A disruption in the gastric mucous barrier
5. Pancreatic cell which releases insulin
6. Refraining from harm
8. Phase of digestion referring to taste and smell
9. Pharmacy’s most competitive sport
10. This vaccine is used to prevent Traveller’s Diarrhea
11. Stimulates gastric secretion and motility
12. Enzyme which breaks down carbohydrates
13. Emulsifies lipids

Overheard in DentPharm

“I shaved my moustache because nobody could see it. I bought a razor for the first time…” Richard (aka future Mr. Pharmacy?)

Gastroenterology seminar question: “A female patient walks into your pharmacy. What is the first thing you ask her?” Patrick: “Are you single?”

“Classic game. Classic game” Elliot, before every foosball game.

“Stop playing with your Moodle!!” Andrew

“I think I did good on that test, but the average is probably going to be like a million and one percent.” Cheryl, after haematology midterm.

“You’re anticipating too much.” Nicholas

“I’m not feeling your guys’ enthusiasm for this weekend.” Sasha

“I think we have a super ball, not just a regular ball.” Josh at the foosball table.

“Raw talent.” Cameron, referring to Beyonce Knowles.

“We need to get fixed…” Amanda referring to herself and her verbal doppelganger, Cindy.

....[nothing].... - That Guy who sits near the front all creepy-like and doesn’t ever talk. You know the one. He’s been in class for awhile but doesn’t come out to anything, and you don’t know his name. He also breathes kinda heavy. You know who I’m talking about?

Pharmacy Joke

A nice, calm and respectable lady goes into a pharmacy, walks up to the pharmacist, looks him straight in the eyes, and says, "I would like to buy some cyanide."

The pharmacist asks, "Why in the world do you need cyanide?"

The lady replies, "I need it to poison my husband."

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Send us your "overheards": PQ@myapsc.ca
FEATURE PICTURE

Mike Newman and Sarah Brost (Class of 2014) as a scarecrow and a hillbilly on the Pharmacy Halloween Pub Crawl.

Thanks to...

APSA
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Mark Diaz
Melissa Chung
Muna Shoblak
Mychan Mai

Richard Cao
Sandy Goodier
Sarah Brost
Sarah Choudhry
Sarah McGonigal
Sarah Zhao
Serena Westad
Sheldon Chow
Victor Wong

Thanks for reading! 😊
WE WOULD LOVE TO HEAR FROM YOU!!

If you have any feedback or submissions, e-mail them to us at:
PQ@myapsa.ca
MR. PHARMACY
11.23.11

ONLY ONE MAN CAN TAKE THE TITLE

Prostate Cancer Fundraiser
Ryerson Horowitz Theatre
Professional Dress
Silent Auction

2012: Greg Gandoke, Jamie Kotlenski
2013: Victor Kong, Darren Tardiff
2014: Sheldon Chong, Richard Cao
2015: Douglas Owoo, Mark Diaz

Brought to you by: McKesson, Rexall, the CSC committee, The Faculty of Pharmacy U of A and APSA 2011-2012

Photography and Design by JustMarriedPhotography.com
Tickets on sale at the APSA Office
Starting November 1, 2011

McKesson
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