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PAM 2015 PHOTO RECAP

Find out who won the social media contest!



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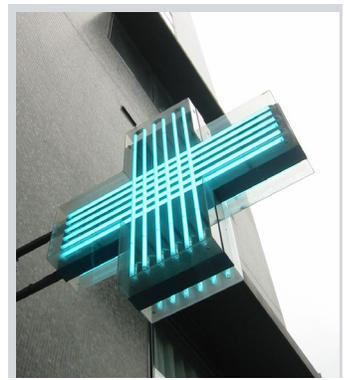
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DAY IN THE LIFE

We've got a double dose for you - learn about Pharmacare and drug stewardship!

IN THIS ISSUE: B&G and Awards Recap | ABCs of Pharm D | Horoscopes | Amanda's Kitchen | and more!

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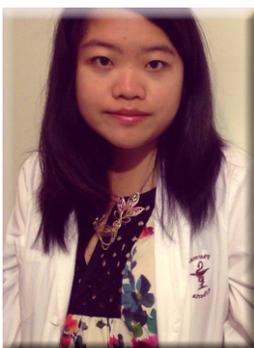
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Contest

Our last one - don't miss out!

EDITORS' NOTES

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

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you the best of luck with finals! Remember, there is more to life than exams – though it might not feel like sometimes (and if you find me hyperventilating over my ID notes underneath a table in the PBL rooms, just pretend you saw nothing!)

Hello, my gorgeous fellow pharmlers! I can't believe the end of the school year is upon us already...I don't know about you, but I still feel like we just barely got back from winter break! First off, let me wish

Writing this note is incredibly bittersweet. Being PQ Editor this year has allowed me to learn so much about all of your beautiful selves, our faculty, and pharmacy in general. I have to extend a huge thank you to my

amazingly talented PQ+2 partners in crime, Morgan and Yasir, from whom I have learnt so much, and to everyone who has contributed articles, attended our APSA reviews or entered our contests. And to everyone who has read and liked the PQ: we are so grateful for your support!

Thank you for an unforgettable year, and have an amazing summer! Take care, everyone!

Grace Wong



A picture says a thousand words...the most dysfunctionally functional team.

Morgan Basiuk



APSA 2015 ELECTION RESULTS

SU Representative – Bryan Hodgson
 GFC Representative – Vincent Spurrell
 3rd Year Class Representative – Dana Moynihan
 3rd Year Social Representative - Carly Maxwell
 4th Year Class Representatives (Fall) – Katie Hamelin
 CAPSI Junior Representative – Marline Aizouki
 Female Sports Representative – Christine Boltezar
 Publications Director – Alyssa Aco
 Recruitment Director – Phoebe Hsu
 Community Education Director – Eman Saleh
 IPSF Representative – Mariah Anderson
 CSHP Representative – Saleem Alsaadi
 Vice President Administration – Kevin Thai
 Vice President Academic – Mehnaz Anwar
 Vice President Student Services – Yasir Iqbal
 Vice President Finance – Roy Tram
 Vice President Social – William Chan
 President-Elect – Helen Marin

Vice President External - Aliaksandr Savin
 Fundraising Director - Sahiba Khurana
 Male Sports Rep - Shayne Rybchinski
 Interprofessional Director - Luke Ulllyott
 Grad Committee Chair (2) - Maggie Huynh,
 Samantha Davidson
 2nd Year Class Rep - Kasia Babyn
 2nd Year Social Rep - Nisreen Chehimi
 4th Year Class Rep (Winter) - Essi Salokangas
 4th Year Social Rep (Fall) - Cassandra Bartella
 4th Year Social Rep (Winter) - Madeleine Durrant
 PQ Editors (2) - Winnie Lo, Ghasak Hussain
 SHINE Rep - Caleb Rans

DIRECTOR'S NOTE

What: Is it a bird? Is it a plane? No, but that's the 2014-2015 school year that just flew by! Reflecting back, I would say we were quite successful in our mission to bring you a journal of higher quality than the Lancet.

So What: I hope you enjoyed regular CAM corners courtesy of Morgan Basiuk and the Branch out Neurological Foundation. I hope you indulged in Amanda's Kitchen, landed a job from our career column, and expanded your horizons with the "Day in the Life" sections. I bet you appreciated the new formatting, which was done via Adobe InDesign thanks to Busta Wong. For me, the most rewarding part was seeing the engagement rise whether it was through hits on the website, student comments and feedback, and contest entries. We also had a lot of content generated by YOU and your colleagues, which increased diversity. Through your content we were able to discuss concepts of mental health, global health, CAPSI national elections, and much more. We were also able to learn about your experiences in Italy, PDW, and on various conferences.

Now What: All this couldn't have been possible without your contributions. It would also not have been possible without the support of our title sponsor, Pharmicare. Finally, if you see PQ editors Grace Wong in the halls or by a computer formatting the PQ or writing song lyrics, or if you come across Morgan Basiuk in the Nutella aisle or in the hospital, be sure to congratulate them on the work done this year. Thank you for taking the time to read what we offered this year and I am confident Alyssa Aco will do an amazing job next year.

Yasir,

Ex-APSA Publications Director

PS. It's been a while since I actually tried on a reflection so I apologize if it's not up to par.



PAM 2015 PHOTO RECAP

A PICTURE IS WORTH A THOUSAND WORDS



UNIQUE PRACTICE SETTINGS TALK



BLOOD PRESSURE CLINIC AT THE LEGISLATURE



CAPSI SR. & CAPSI JR.



CAPSI REPS & PAM CO-CHAIR



PHARMACISTS IN ALBERTA
SOARING TO NEW HEIGHTS



WEST EDMONTON MALL



COOKING AT THE RONALD
MCDONALD HOUSE



DIABETES CLINIC AT WEM





MEASURING MLAS' BLOOD PRESSURE



HOCKEY ALUMNI GAME

HOT CHOCOLATE GIVEAWAY



GUBA MASCOT



PRESIDENT HUMIRAH AT BLOOD PRESSURE CLINIC

PROFESSOR YUKSEL AND HELEN AT THE DIABETES & NUTRITION CLINIC



HIGH LEVEL BRIDGE



INHALER TRAINING



FREE SKATE

PAM WINNERS

Here are the winners of the #UalbertaPAM media challenge! A BIG THANK YOU to everyone that came out to our events and helped support your profession this month! You helped us make a difference in our profession and the community!

1) Best picture with a faculty member:

Professor Yuksel and students at the Diabetes and Nutrition Clinic at West Edmonton Mall



2) Best picture Busting a Pharmacy Myth:

"Pharmacy myth: Pharmacists don't like to touch people Busted! Pharmacists can do foot inspections to screen for diabetic complications!" - Vanessa Kwok

3) Most Creative:

"Pharmacists can administer drugs by injection. (Please be advised that the injection in this photo is enlarged for educational purposes..)"- Nisreen Chehimi



BLUE & GOLD 2015

CONGRATULATIONS, CLASS OF 2016!

BY GRACE WONG

Held on February 28, 2015, this year's Blue & Gold ball brought pharmacy students from all years together to celebrate pharmacy and their accomplishments throughout the year. As always, the punch competition showcased the extraordinary talents of our entire pharmilly, which included everything from singing and rapping to dancing and video production – even magic! Despite some extremely fierce competition, the Class of 2016 secured a historic three-peat win (+3 points winning, -2 points modesty). Dedicated and deserving pharmacy students were recognized with APSA awards, and a silent auction was held to support the Juvenile Diabetes Research Foundation.



CONGRATULATIONS, AWARD WINNERS!

Class Award – First Year – James Tao
Class Award – Second Year – Amanda Leong
Class Award – Third Year – Jason Croteau Walker
Class Award – Fourth Year – Oksana Dacko
Sportsmanship Awards – Courtney Miller,
 Wayne Ma, Luke Ulyyott, Mark Chmiliar
Sponsor Award – Scotia Bank
Councillor Award – Daniel Leung
Dedication to the Profession Award – Phoebe Hsu
Student Life Development Award – Jon Hung
Dean of Pharmacy and President of APSA's Award
 for Excellence in Community Service – Second Year – Helen Marin
Dean of Pharmacy and President of APSA's Award
 for Excellence in Community Service – Third Year – Patricia To
Guest Lecturer Award – Dr. Peter Smith
Citizenship Award – Scott Wakeham, Mehnaz Anwar
Student Advocacy – Cassandra Voit, Bryan Hodgson
Student Research – Geraldine Gabriel, Robbie Wright
Student Talent – Rajan Bharadia
Student Leadership – Leah Hodgins, Dan Burton
Past President Award – Brad Snodgrass
Lifetime Membership – Kit Poon

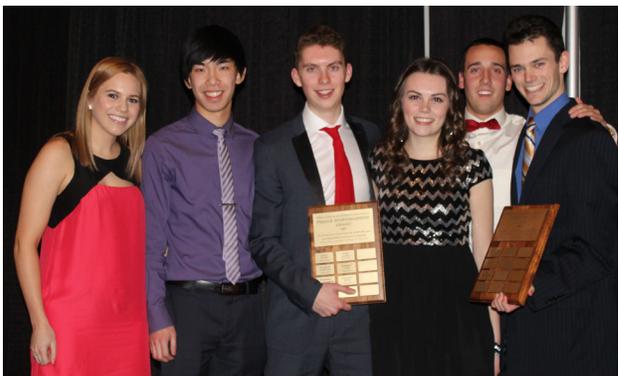


PHOTO CREDITS:
YEARBOOK EDITORS

TEENS FOR JEANS!

BY EMAN SALEH

In Canada, 1 in 5 people experiencing homelessness is under the age of 25.¹

When I first heard this statistic, I was shocked. Never had I imagined that the incidence of teen homelessness would be this prevalent in Canada! As I delved into the particulars of this issue a little more, I found out about a nation-wide campaign called Teens for Jeans that had been initiated. This is a campaign in which students and young individuals throughout Canada sign up to take action in their communities to raise awareness about youth homelessness. Jeans are the item of choice because they are often requested by young homeless individuals.¹ Jeans are fashionable, durable, comfortable to wear, and do not have to be washed very often, which makes them a great clothing item for these individuals.

After learning about this campaign, I decided that this would be something different and wonderful to bring to the faculty. Based on previous initiatives that supported causes such as breast cancer awareness and men's health, I noticed that pharmacy students are extremely passionate and successful in everything they engage in (no bias here!). I thought that engaging in a community-related initiative would help us learn a lot about some of the issues others in our communities often contend with.

After gaining approval from APSA to organize the campaign, I had set a goal at collecting 100 pairs of jeans by the deadline of February 13th. Once I started going around to each class on Fridays, and after seeing donations in large boxes outside the main hallways on the first and second floors of ECHA, I realized we had surpassed 100 pairs after only the second week!



PHOTO CREDITS: EMAN SALEH,
HUMIRAH SULTANI
LOGO: TEENS FOR JEANS

By the end of the campaign, we had collectively raised **365 pairs of jeans** for donation! Not only was the campaign a success in terms of raising awareness and donations, but it also brought together a group of students and community members who donated either their time or jeans for the sake of others in need.

When a few of us brought the jeans to Youth Empowerment and Support Services (YESS), we learned a lot about what these young individuals deal with and why some of them end up in the circumstances they are in. Their situations vary from issues such as abuse in the home (physical and/or emotional), medical conditions that predispose them to a life of seclusion from others, or they have been outcast by their friends and family for being a part of the LGBTQ community. As future health care professionals, we will not be able to solve all of our patients' problems, but it is important to recognize their issues so that we understand them a bit more and help accordingly. For example, some homeless youth experience

depression, anxiety, addictions, or fetal alcohol syndrome, and many of them have nutritional deficiencies. Understanding this is critical in shaping our roles as healthcare providers and community members.

With that, I hope everyone has been able to learn something new, just like I have, with regards to youth homelessness. There are many organizations and initiatives that address this issue and they are always looking for volunteers or donations! Do not hesitate to contact me for further inquiries!

This is my last **THANK YOU** to every individual who supported or donated. The success of the Teens for Jeans campaign would not have been possible without you. Furthermore, thank you to APSA council for allowing me to carry out this campaign with the students and the faculty!

¹Gaetz, Stephen, Jesse Donaldson, Tim Ritcher, Tanya Gulliver. "The State of Homelessness in Canada." Canadian Homelessness Research Network Press, 2013. Web Accessed March 22/15.

ALBERTA PHARMACY CLINIC: THE LOW DOWN

BY AMANDA LEONG

The ad hoc committee has been hard at work this year creating a business plan that will hopefully see the inception of a new type of pharmacy: a non-dispensary, clinical community pharmacy. Our vision is to contribute to the wellbeing of Edmontonians by granting them access to various pharmacy services, delivering patient-centred clinical pharmacy care, and being a source of future pharmacists that will positively impact the healthcare landscape. Our mission is to provide comprehensive and personalised clinical pharmacy services to the community that will encompass chronic conditions, acute ailments, and overall well-being, while innovatively empowering student pharmacists to apply their therapeutic knowledge in order to grow as future clinicians who will embrace the expanding scope of pharmacy practice.

We hope to have the Alberta Pharmacy Clinic located in the Kaye Edmonton clinic in its inception on October 1st, 2017. The clinic will have a pharmacy manager and pharmacists available to provide guidance to students during consultations. In addition to consultations, the clinic will provide clinic days, health promotion days and support groups. We envision that patients will be able to either make appointments or drop-in for pharmacy clinical services. Pharmacy students or pharmacists will greet the patient at the reception area, whereby the patient will be given forms to fill out to start their patient file. The patient at this time will indicate to the student or pharmacist what their chief complaint is. While the patient is filling out their forms, the student and pharmacist will discuss the chief complaint and

the therapeutics behind addressing the issue. The student pharmacist will then do a consultation with the patient in the counselling room either with or without the pharmacist. Patients will be given a patient hand-out at the end of their interaction and/or an emailed consultation brief.

Students of all years can be involved in the clinic. First year students will be shadowing upper year students in their first semester, with no direct therapeutic patient interactions. In this way, first year students can be exposed to a variety of clinical styles and start to learn the clinical process. In second semester, first year students will be given the opportunity to do directly supervised documentation based on interactions they were involved with. Second, third, and fourth year students will take on therapeutic topics with which they are comfortable and well-prepared. Junior year students are able to shadow more senior students to learn their therapeutic process. All students will document their interactions. All students will

be involved in the clinic days, health promotion days and support groups.

During clinic days, students will hold a brief one-hour information session about various disease states and how patients and caregivers can best manage these diseases. During health promotion days, students will provide services to the public such as bone density clinics or interdisciplinary clinics like fitting walkers and crutches. Support groups for a variety of disease states will primarily be patient-run, with students there to provide medical guidance when needed.

In the coming years, we need to have pharmacy students directly involved in the creation of this clinic by being part of the Alberta Pharmacy Clinic APSA Committee. We will be looking to create processes for workflow, quality assurance, and pharmacy finances; we will also be looking to raise funds for the pharmacy, among other things. So if you're interested, I hope to see you next year applying to be part of this very exciting committee!



IMAGE CREDIT: FREEPIK

DAY IN THE LIFE

CHERYL WEISS, RPH, APA

CLINICAL PHARMACIST, PHARMACARE

QUESTIONS BY YASIR IQBAL

Hi Cheryl! First off, I'd like to learn about your experience as a pharmacist so far.

Well, I graduated in 2010 and found work as a new grad with Save-On-Foods. I then worked with G & E Pharmacy, which is veterinary and human pharmacy, before moving over to the Strathcona Prescription Centre, which is a compounding pharmacy. My work then led me to Pharmacare, which is where I am today!

What makes Pharmacare different from other pharmacies, like the ones you've been involved with?

Well it is completely different than the other pharmacies I have worked with. We have 2 retail locations and a Fulfillment Center in Edmonton, central Alberta and another in Calgary. We offer services to independent, Supportive Living and Long Term Care residents. At these sites, their Physician and other Health Care professionals visit them in the privacy of their own room.

So, what's your role in all of this?

I coordinate with the dispensary to ensure safe medication delivery. I provide Pharmacist support to other Health Care professionals and help manage the patients on-site. I am proactively involved with drug related problems (DRPs) by working with the physician and assessing the patient together. I provide treatment recommendations and ensure drug therapies are appropriate even before they are prescribed. In layman's terms,

it is largely a clinical pharmacist role.

What types of work do you do with patients every day?

I visit patients in their residences and complete medication reviews, care plans, answer their questions or concerns, screen for DRPs, and address their compliance, with the basic goals of optimizing patient care and enabling patients to achieve their own personal health goals. I ask questions like: what do they need to be on? What do they need to be off of? I have my APA, so I will actively prescribe evidence based therapies and convey the assessments and documents to their physician so that they are informed of my intervention.

It sounds like you have a very interdisciplinary practice. What can you, as a pharmacist, provide to the other health care professionals, like physicians?

I am recognized for my drug expertise and will assess the patients simultaneously with the physician. I get to see the diagnosis being made in real time and I can then make recommendations in terms of treatment. For example, a physician will diagnose a patient with hypertension and determine that a blood pressure medication is needed. The question now is, which one? This is where I come in as a pharmacist.

How supportive would you say the other Health Care Professionals are in regards to a pharmacist being involved in patient care?



CHERYL WEISS (RIGHT) ALONGSIDE DR. D. FUNG (LEFT) A PHYSICIAN WHOM CHERYL ROUTINELY WORKS WITH
PHOTO CREDIT: CHERYL WEISS

Extremely supportive! Some doctors and nurses even rearrange their schedule so we can work together. One of the physicians I work with actually identified a need for advanced pharmacy practice within her community clinic, and so I have adapted my role so that I now work as a Pharmacist with her one day a week in her community practice. The Health Care Professionals I work with are so wonderfully supportive of my practice, that they are a source of new opportunities and encourage me to take

an active role in patient care.

Could you describe a typical Day in your Life at one of your sites?

In the morning, the first thing I do is meet with one of the physicians, and we review the relevant lab work for our patients. We then review their current medication therapy and discuss if we need to make any interventions based on the information that is provided by the staff and resident. The sites usually print off a list of who needs or wants to see the team today and their chief complaint. I review their MAR (Medication Administration Record), perform an assessment, create a plan and follow up.

What are the most challenging and rewarding parts of your job?

The most rewarding part is actually being able to discontinue unnecessary medications. Patients are so relieved and grateful when I tell them they don't have to take a medication anymore, and the doctors really appreciate us decreasing the patients' pill burden. Besides this, I enjoy the interdisciplinary work, and being able to follow up with patients regularly to see the results of my interventions.

The most challenging aspect would be trying to expand my knowledge and ensuring my recommendations are up to date with the most recent evidence. Guidelines and adverse effects are always being updated and you need to know about these changes so you can answer questions and ensure your interventions are safe.

What technology do you use when on site to support your practice? I'm curious because you aren't in a pharmacy with a computer system when you are there. How do you go about documenting and accessing dispensary information?

I utilize a 'tablet' which can log into a virtual private network (VPN) so I have access to all the information I need to make educated decisions about my patients. I can log into the

patient profile in real-time and access information like dosing schedules for a bubble pack or refill frequency of narcotics. I also use NetCare regularly, so this also helps in assessing my patients or when on rounds.

I carry a business cell phone so other members of the healthcare team can reach me when needed.

Wow, that tablet and remote access is technology I have never seen before! How much of an advantage do you see it providing you on a daily basis?

It really allows me to truly focus on the clinical aspect of pharmacy. I spend almost no time doing dispensary related tasks, but I can see what was done through the remote access. When I do log in remotely, I can see the clear documentation and plans from our dispensary team, so I can see what they were doing and why, and provide same day answers and solutions to onsite questions in an efficient manner. This quick access allows me to truly focus on the clinical aspects of pharmacy.

You said you have a business cell phone, so do you take calls? What do you do on call?

Yes, we do. I take calls from the dispensary, nurses, case managers, physicians, and families on a daily basis on my business cell phone during working hours. I also go "on call" once every 12-14 weeks. When we are 'on-call,' we offer 24/7 pharmacist support to the site. The dispensary will take most of those calls during the day, but after it is closed, they get redirected to us.

Once every 12-14 weeks...not bad. What will the site ask you?

A nurse may call asking about a new medication therapy or about a warfarin dose for example. They really appreciate the 24/7-pharmacist availability!

I can imagine it must be a relief to have the pharmacist be an on call option. So, if you are so involved

Pharmacare

Specialty Pharmacy **Rx**



PHOTO CREDIT: PHARMACARE

clinically, how do these patients get their meds?

Medications are delivered to the site and come in a PacMed strip or blister pack. We also do dosettes or vials depending on what is best for the patient.

Now, for the question everyone will probably be waiting for! Would you describe yourself as a community pharmacist? What would you say to pharmacy students that believe you can't get a true clinical practice and interdisciplinary work without being in the hospital?

I haven't thought of a definition for my practice, because at Pharmacare we are constantly evolving and adapting to our expanded scope of practice and the needs of our patients. I don't think my practice fits into the traditional view of a pharmacist. I work in supportive living sites, but I am not a hospital pharmacist. I would describe myself as a clinical pharmacist that goes mobile to serve the community as opposed to a retail pharmacist. For one day a week, I work in a physician clinic, so it depends on the day. This is an extended collaboration with one of the physicians that I work with at one of the Supportive Living sites.

They really liked my work and asked me to join them at their office to provide similar services. I wear many hats...clinical pharmacist, prescriber,

consultant, physician clinic pharmacist, staff educator, health promoter, as well as acting as a resource for families and patients. So I guess, yes, I am a community pharmacist – each day, my goals are to proactively optimize patient health, minimize medication-related hospital admissions, and to integrate health interventions into the patients daily activities. I had these same goals when working as a community retail pharmacist, but now I have more effective means to achieve them.

As for the second part; that's a common misconception. The roles do exist and you really have to find them out. Even as a retail pharmacist, you need to take advantages of those opportunities to help someone out when you get the chance.

I have never really heard of a pharmacy utilizing the expanded scope of practice and delivering clinical pharmacy services the way you do at Pharmacare. It seems very unique.

Yes, it's very innovative. Pharmacare really uses clinical services as a way to reach out and offer more services to patients. Most of the pharmacists on the clinical team have their APA, as well as other certifications, based on the team member's interest. I found that Pharmacare is very supportive of team members receiving additional education, so each team member can practice at their best. The innovation comes from our mobile team of pharmacists and central dispensary which improves efficiency. They have invested in technology to streamline the dispensing process and reduce medication errors. They have machines that make blister packs and dispense medications. The amount of automation allows us to be more accurate and efficient. For me this is amazing, because it frees up my time to be with the patient, which in my opinion, is where we should be as pharmacists.

I couldn't agree more. I find many students say the trivial tasks in the dispensary and their obligations in it really hold them back from



PHOTO CREDIT: CHERYL WEISS

meaningful patient interactions. So you mentioned you also work within a community physician practice. What is it like having two different roles?

Pharmacare has been very supportive of my roles and the decision to work one day a week at the clinic. So when I got the offer from the physician, I brought it to Pharmacare and explained that I had this amazing opportunity, but I love my job and don't want to leave - can we work something out? Since they are innovative and are looking for better ways to serve the public, Pharmacare said yes and worked out all the logistics. It is a great advantage as I can still utilize the resources and technology that I use within the supportive living environment in the community clinic.

How do you go about documenting all those clinical services you provide every day? Many pharmacists and students find this to be quite a challenge?

I think it's best to document in the moment, as things are happening. I try to use the DAP format to prevent myself from rambling on. Most of my documentation is still done pen to paper because the sites I go to

have paper charts, and electronic documentation wouldn't be accessible to other health care team members. Then, our administrative staff scans copies of my documentation and attaches it to the patient file in Kroll, so that it is accessible to the Pharmacy staff.

So you have people to handle your dispensary, bill your services, and scan your documentation. Well, isn't that the pharmacist's version of a five star hotel! To wrap up, what do you do outside of pharmacy?

I have two dogs, Seymour and Watson (Watson is pictured above!), who keep me very busy and entertained... as well as my husband. I try to keep active with my family; I do karate twice a week, and we are currently renovating an old and ugly house.

Author's note: Did you enjoy the fancy, printed, full-colour magazine versions of the PQ? What about all the prizes we had? Pharmacare was the sponsor of the Pharmacy Quarterly this year, and we thank them for their support!

DAY IN THE LIFE

LAUREN BRESEE, RPH, ACPR, MSC, PHD

DRUG STEWARDSHIP PHARMACIST, AHS

BY MORGAN BASIUK

Many fourth years are now frantically trying to remember what was said in their EBM course as they work through their PHARM 498 research projects... What is this p-value thing, again? How important is it to have a cool acronym for the title? There are how many charts to review?! Maybe these brave students have always been interested in research, maybe they are trying something new, or maybe they just need the credits. For Lauren Bresee, her fourth year pharmacy research project was the beginning of a remarkable and inspiring career path. Her research experience and preceptor encouraged her to complete her Masters and PhD. Before then, she had graduated from the U of A with her BSc. Pharm and landed an Edmonton residency spot.

No, Lauren didn't stop there. In fact after meeting with her for the residency research presentations this past June, it was obvious that she is not the type of person who will ever stop leading the profession. Her passion and enthusiasm compelled her to pursue a Post-Doc in Calgary before being hired as the Calgary-Zone Drug Stewardship Pharmacist. She is now one of three Drug Stewardship Pharmacists in Alberta and most of her time is spent in this role. In brief, she determines where drugs are used inefficiently or inappropriately. From there, she creates interventions and monitors whether they were effective at influencing change. Lauren recently contributed to a project that involved placing cost sheets on anesthetic medication carts to determine the

influence it would have on drug utilization and expenditures in the OR. Lauren places importance on communication in order to engage frontline staff to impact drug use. Antimicrobial utilization is also an area of focus for Drug Stewardship Pharmacists. When asked what her favourite antibiotic is, her reply was perfect, "My favourite one is not using one!" As pharmacy students are well aware (at least after Dr. Mitchell's ID course), antimicrobial resistance is of huge concern when prescribers using antibiotics to treat viral infections. As Lauren pointed out, the misuse of antimicrobials in veterinary medicine may also contribute to the resistance strains of bacteria found in humans. Limiting the misuse and overuse of antibiotics is a huge role for Lauren and for all pharmacists!

Surprisingly, her career doesn't end there. Some of her time is also devoted to supporting pharmacy residents in their research projects as the Residency Research Advisor. This role involves helping residents develop their proposal, submit their ethics application and supporting the completion of their project. She also plays a large part in aiding residents with the methodology and statistical analysis of their research. In addition to what has been described above, Lauren has an adjunct position at the U of C in the Department of Community Health Sciences and has now started her role as the CSHP President for the Alberta Branch. If there was any doubt in your mind about the diversity and impact that



PHOTO CREDIT: LAUREN BRESEE

the pharmacy profession can have, Lauren's work ethic and career path should dissolve it!

Her words of advice for us, the pharmacists of the future, is: "Do not be intimidated by research!" There is increasing support for research in AHS and pharmacists can now be involved with research while still having a full clinical practice. She encourages students to seek out experience in conducting research projects because research truly advances patient care. So, fellow students:

May the odds ratio be ever in your favor!

Want to learn more from this outstanding pharmacist? She would be happy to hear from you! Feel free to contact her: Lauren.Bresee@albertahealthservices.ca

THE A B C'S OF PHARM D: PART 2: FEATURING JOEY TON

BY EMAN SALEH

You've got the gist about the PharmD program, its purpose, and discussion on a few courses in our first article, but we're meeting with Joey Ton a second time for further inquiry. This time we will go into details about the rotations PharmD students embark on once their coursework has been completed in December.

ES: Hi Joey, thanks for meeting us again to talk a little bit more about the PharmD. I know you're going to be telling us a little bit more about PharmD rotations. So my first question is, can you explain what PharmD experiential courses are and how they work?

JT: Well, they're six weeks in length, so a little bit longer than a second year rotation [2 weeks], but a little but shorter than a fourth rotation [8 weeks]. However, there's a lot more [involved] with these rotations. You decide them in September, at the beginning of the PharmD program. At that point, they list a bunch of sites you can choose from, and this allows you to tailor what practice experience you want. You get one in acute care, one ambulatory care, and one that [is focused on] team collaboration, whether that be in the hospital or in a community setting. There are a lot of options. The cool thing is, there's a rotation that you develop on your own, and this allows you to find a preceptor yourself. For example, for the rotation I am doing right now, I wanted to see what teaching is like

and what is involved. I approached Dr. Hughes and asked her if I could be her student in this teaching rotation. What I am doing [now] is seeing how she prepares for a lecture, how she teaches a lecture, and what she thinks about as she delivers information.

ES: Wow, that's awesome! I like the fact that you have a rotation where you get to choose, because you never know if that's going to be the one you end up choosing as a career path. So how many rotations have you done so far?

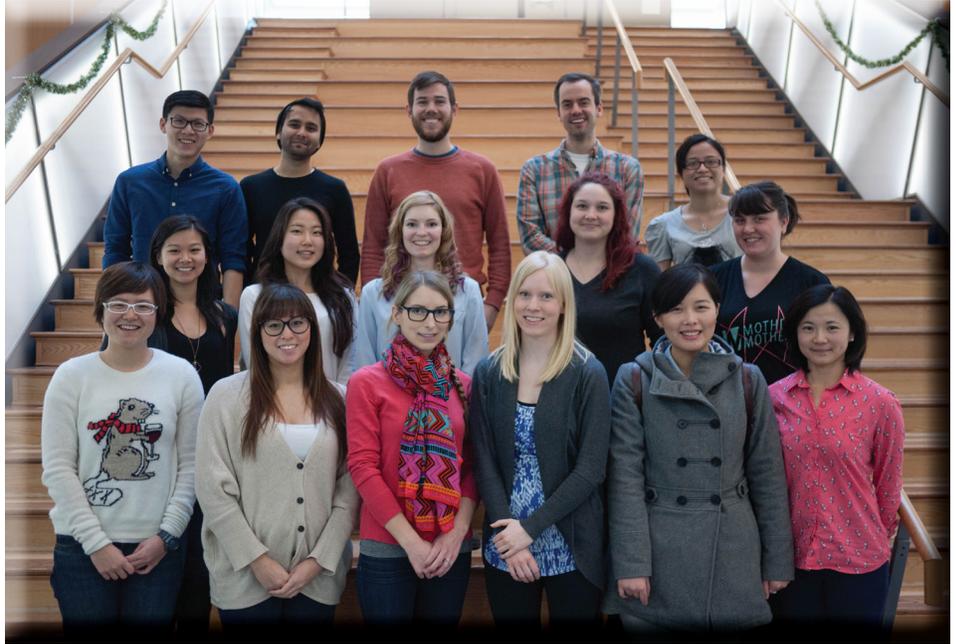
JT: So far, I completed just one. I am on my second one at the moment and about three weeks into it. And I have four more [rotations] coming up.

ES: Okay, and what was your first one?

JT: My first one was in a PCN [Primary Care Network] in Edson. Edson is a small town west of Edmonton.

ES: Can you tell us a little bit about what it was like? As a PharmD student, what were your responsibilities?

JT: I've had experience in the PCN before, but it's been very [minimal]. This was my first experience as a PharmD student, but also as a pharmacist. The difference is that you get more independence. [With] the PharmD, they expect you to make decisions on our own without them having to check over all of your work. It is a lot more responsibility, because everything you do will be under your license. You're taking charge of what happens to the patients in that setting,



THE CURRENT PHARM D CANDIDATES AT THE UNIVERSITY OF ALBERTA - JOEY TON IS TOP LEFT. PHOTO CREDIT: JOEY TON

which I find different than how it was in undergrad.

ES: Okay, so even though you're still a student, you're also a working, practicing pharmacist?

JT: Yes, exactly.

ES: Oh, I didn't know that!

JT: Yeah, so for my upcoming [acute care] rotations, I've talked to my preceptors and there's an expectation of me to manage a certain number of beds. You're supposed to do that on your own, and they check in once in a while to see how you're doing and whether you have any questions. You have a lot of responsibility and the experience is to work in the setting as if you're the only [pharmacist].

ES: Okay, so you're expected to take more initiative, act as if you're the leading pharmacist on the unit or the pharmacy, and you make the decisions, right?

JT: Yeah, you make the decisions. Your preceptor will always be there as well if you have any questions or your need a hand with something. They're also there to question your decisions. They are making sure that you have proper support for why you're doing things. It's a learning [experience] in that way, because you get the preceptor-student learning. But at the same time, you're working as a pharmacist.

ES: Okay, awesome. In the rotation experiences that you have had so far, what has been your best or most memorable moment?

JT: I guess my most memorable moment was with this last rotation at the PCN. Each PCN is connected to a clinic, and this clinic had a [certain] number of doctors. One day, I decided to shadow one of

the physicians and build upon my physical assessment skills. There were times when she would let me do my own physical assessment and then [I would] talk things over with her. We would make a decision together. It was pretty cool because they trusted that you had those skills and they trusted your knowledge. We worked as a team to provide the proper care for the patient. We're practicing in a different way than we are used to.

ES: That sounds so exciting! So this question is a little different, but when you're out in practice, you get to start prescribing, right? Pharmacists with PharmD credentials are able to prescribe?

JT: No, that is the APA [Additional Prescribing Authorization]. It's not obtained under the PharmD program. You still have to go through the process of getting your APA and applying with cases to get prescribing [privileges]. The PharmD designation helps show that you've had additional training in terms of direct patient care or in the classroom. It's building your own confidence. Just like I mentioned in the last article, I wanted to learn more. I wasn't sure what to do in certain situations, so I did additional schooling. I feel a lot more confident. Coming into these different rotations, I am making decisions that I'd be uncomfortable making one year ago. At times, you come to a point where you have a different view on patient care than your preceptor. You get to this point where you really become a strong practitioner, and you start developing how you want to care for patients. You realize that sometimes another pharmacist might not think the same way you do, and that's okay. It's just cool to see as I move through this program how much it has really taught me.

ES: Okay, I really see the benefit. You're doing all of this extra clinical practice and extra

rotations, so that by the time you do want to possibly get your APA, you're more confident and you feel more competent in your work.

JT: Yeah, exactly. There are parts in the APA [application] that ask you, "What have you done to prepare yourself to get this designation?" You can definitely talk about PharmD and how it has affected the way you assess a patient before prescribing.

ES: That's definitely something to consider as well. Overall, these last two articles have been just an introduction to the PharmD for students that are thinking of applying. If it is okay with you, can students talk to you if they have any further questions about what PharmD is, or if they have any misconceptions about it?

JT: Yeah, definitely! Just contact me by email at jton@ualberta.ca. However, if there are questions about admission or questions about the details that are covered in the PharmD courses, hold those questions until the information session.* The faculty will be present, and there'll be PharmD instructors. You can really ask them about what their views are.

ES: Okay. Thank you so much for the meeting and best of luck in your future rotations!

JT: Thank you!

****Information session will be held by the PharmD faculty members on April 7 from 11:30-12:30. Location TBD.***



IMAGE CREDITS: BIGSTOCK

CSHP BANFF SEMINAR

BY GRACE WONG



The 41st Annual CSHP Western Branches Banff Seminar took place from March 20-22nd in gorgeous Banff, Alberta. Against the beautiful backdrop of the mountains, attendees were treated to eye-opening educational sessions about everything from medication errors to physical assessments, as well as an inspirational keynote speech from Olympic medalist Catriona Le May Doan. If you are interested in hospital pharmacy, this is the conference for you – and even if you aren't sure and just want to learn more about certain areas of practice, there are definitely worse ways to spend a weekend! Despite the mocking that my Oilers' jersey received from my dear Calgarian friends on Sports Night, I had an amazing time, and highly encourage students to come out to the conference next year!

ACP recognizes the importance of professionalism, leadership and citizenship to the success of the profession and to the college. We know that by nurturing these skills and by building a critical mass of individuals who demonstrate them; that not only will recipients be rewarded, but in the long run the profession, our college and Albertans will also be rewarded.

Closing remarks

I am personally very excited about this award, as I believe that it provides a great opportunity for recipients. I look forward with optimism, to learn more about the many new young leaders entering our profession, and to facilitate both their personal and professional growth.

For more information, see:
<https://pharmacists.ab.ca/sites/default/files/LeadershipDevelopmentAward.pdf>



PHOTO CREDITS: GRACE WONG, UNKNOWN SLIDE CREDIT: ARDEN BARRY LOGO CREDIT: CSHP.CA

CAM CORNER: TEA TREE OIL

Sponsored by the Branch Out Neurological Foundation

<http://branchoutfoundation.com/>



BY MORGAN BASIUK

Background

- Comes from the tree species from Australian coastal area
- The indigenous people of Australia have used tea tree oil from crushed leaves as a traditional remedy for coughs and colds, as well as to treat wounds and skin conditions
- Tea tree oil was first used in surgery and dentistry in the mid-1920s
- Its healing properties were also used during World War II
- Normally obtained from steam distillation of the leaves and terminal branchlets
- The main constituent in tea tree's essential oil is terpinen-4-ol
- Some evidence in acne, tinea pedis and onychomycosis
- Insufficient evidence but some case reports for bacterial vaginosis, halitosis, blepharitis, dental plaque, gingivitis, hemorrhoids, herpes labialis, lice, MRSA, nickel-induced contact dermatitis, candidiasis or water warts

Evidence

Acne → 5% tea tree oil gel applied for 20 minutes, then washed off BID

(1) Small RCT (60 patients)¹

- Tea tree oil gel BID x 45 days
- Reduction in total lesion count 43.64% tea tree oil vs. 12.03% placebo
- Both similar minor side effects (itch, burning, scaling)

(2) RCT (124 patients)²

- Similar efficacy to 5% benzoyl peroxide
- Slower onset
- Fewer side effects

Onychomycosis (fungal nail infection) → 100% tea tree oil applied for 6 months

(1) RCT (117 patients)³

- Topical 100% tea tree oil vs. 1% clotrimazole
- Clinical resolution in 60% vs. 61%
- Culture cure in 18% vs. 11%

Tinea Pedis (athlete's foot) → 25% to 50% tea tree oil for 4 weeks

(1) RCT (104 patients)⁴

- Tea tree oil 10% vs. tolnaftate 1% vs. placebo
- Clinical improvement 64.9% vs. 57.6% vs. 41.2%
- Negative fungal culture 30% vs. 85% vs. 21%



IMAGE
CREDIT:
WIKIMEDIA

For Your Patients:

- Possibly safe when used topically and appropriately
- Do not ingest orally – risk of significant toxicity
- An alternative OTC option for mild/moderate acne with similar efficacy to benzoyl peroxide
- Lacking efficacy for onychomycosis and tinea pedis; it was not compared to first line agents in trials – more efficacious options available
- Most common side effect is contact dermatitis and skin irritation

That's the last of my CAM Corners... I hope you enjoyed them & I hope to see them continued in coming years!

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WHY I STUCK WITH IT

BY MORGAN BASIUK

"Why did you choose pharmacy?" was the first question I was asked sitting nervously in the tacky yellow chairs of DentPharm 2031. I fumbled similar answers for 3 years: "I like healthcare." "I want to help people." Although those answers are true, I ended up in pharmacy mainly because I had the prerequisite courses, thought it paid well and I didn't want to be a doctor. The most contact I had with a pharmacy prior to first year, was the occasional amoxicillin prescription for what was most likely a few viral infections. I find it funny that as I am finishing up the final rotation of my degree, I am still asked that very same question. To me, the more telling question is "Why did you stick with pharmacy?"

Let's rewind. I came to Edmonton for pharmacy school. I left the comfort of the 15 minute drive across the entire City of Medicine Hat, my parents' cooking, my mom's pampering, my dad's advice and my best friend – my younger brother. By the end of year one, I wasn't home sick every day... just every second day. First year Toastmasters taught me the importance of eye contact and riding the bus taught me the importance of NO eye contact. I learned about acne, sunscreen and even a little urology when my door was urinated on during my stay at University Residence! I also learned I had a lot of learning left to do...

In second year I found out that I could sleep almost anywhere – especially 8am lectures. I remember trying to balance a social life and continuous exams and the PK final that gave me a real scare; many sleepless nights until the grades were posted! I realized at this point that pharmacy was no walk in the park. In the midst of the chaos, I was part of a real life pharmacy fairy tale:

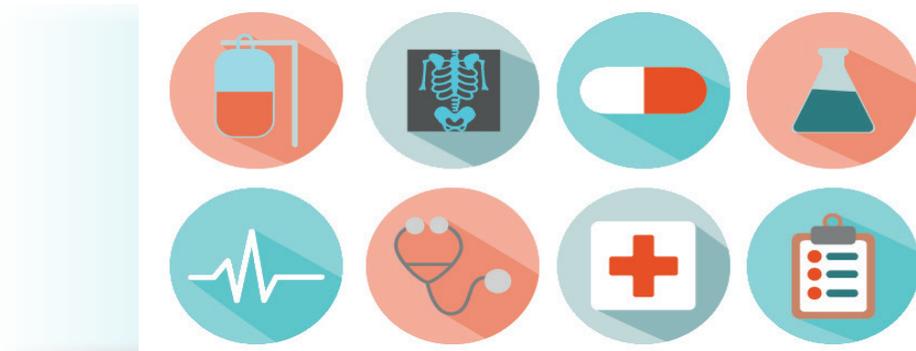


IMAGE CREDIT: FREEPIK

boy meets girl at TGIF - they share their dislike for med chem and live happily ever after. Hospital rotation rolled around: caring for patients at their worst, most vulnerable state and being part of the team that brings them to their best was simply amazing...

Third year lab confirmed it – my face goes 50 shades of red regardless of the topic! I did not necessarily feel the pressures of exams anymore but started feeling the competitive pressures of pharmacy. Where are you going to work? Community or hospital? Are you getting Pharm D? Residency? Do you have a job? Are you involved with APSA? During this year I also remember lying on my bed, staring at my ceiling and just crying after a stressful shift at Superstore. The truth is pharmacy can be overwhelming and at times it can feel like you are in a race with your peers.

Fourth year was now upon me. In my last EVER pharmacy class, I sat surrounded by the same individuals I had sat with for the past 3 years and felt comfort thinking about the true friendships I had developed throughout pharmacy. On the flip side, I will never forget the sinking feeling reading "you have not been matched to a residency program." The picture I had painted in my head of what I was going to do after graduation was ripped to shreds by these 9 words. A couple months later, I sat listening to Catriona Le May Doan describing how she felt when

she fell and received last place at the Olympics – now that was I feeling I could relate to: falling flat on my butt! "It is not about awards or metals that matter in life," she went on to explain, "it is the impact you have on people." So yes, strive for the Olympic gold, 4.0, Residency, Pharm D, APSA position or pharmacy award, but realize in the end what matters is the impact you have on people with or without that particular achievement or power. Define your success by the individuals' lives you touch: a patient understanding their new medication, a smile and thank you from a concerned family member, the surprise on a patient's face when they inject insulin for the first time or the patient's sigh of relief when you renew a medication for them.

"The unwise dancers blame them: he didn't like me; she was unfair; I should have had that part. The smart ones know where to look when things get rough. It isn't there. (walks to the barre) It's HERE. No matter what happened in class, performance, last week, 5 minutes ago, if you come back here you'll be home." –Center Stage

When facing an obstacle or disappointment, I think about the wonderful individuals I have met along with the patient outcomes I am able to influence and I know I have found my "home" within the pharmacy profession. This is why I stuck with pharmacy and I hope you do too!

YOU'VE GOTTA TRY THIS:

THE BILLIARD CLUB

In the mood to play some pool and enjoy some good ol' pub food? Stop by The Billiard Club at 10505 Whyte Avenue NW (above Chiantis) for a much-needed study break! Open from 4PM – 2AM, The Billiard Club features daily specials, a relaxed atmosphere and, of course, lots of pool. Flash your APSA card (but nothing else!) for 20% off regular priced food!

Grace Wong

Azra Mustajbasic

Tried: Deep Fried Perogies, Calamari, Greek Salad with chicken

Menu description: Perogies – potato and cheddar perogies topped with scallions and bacon

Calamari – calamari fried 'til golden, and served with housemade tzatziki

Greek Salad – fresh spinach and romaine tossed with cucumber, red onions, kalamata olives, and feta. Served with house-made red wine vinaigrette, and garlic flat bread.

Thoughts? Perogies: I like the texture on the outside, it's nice and crispy! Tasty!

Calamari: I like it, if it's deep fried and drenched in sauce!

Mmmmmmm yum.
Greek salad: It was tasty and not too heavy on the dressing. The bread was warm and I liked it. It was filling!



PHOTO CREDITS: GRACE WONG
LOGO CREDIT: BILLIARD CLUB FACEBOOK

Ben Plesuk

Tried: Calamari, Chicken Caesar Wrap

Menu description: Chicken Caesar Wrap – breaded or grilled chicken wrapped in a flour tortilla with fresh romaine lettuce, in-house Caesar dressing, parmesan cheese and bacon.

Thoughts? Calamari: Good, less chewy than usual. Crispy!
Chicken wrap: It was good, but the bacon was burnt...so I would say it was just okay.

Konrad Pietrzak

Tried: Deep Fried Perogies, Billiard Burger

Menu description: The Billiard Burger – classic 8oz house made beef burger. All burgers served on a whole wheat bun with mayo, lettuce, tomato, onion, and pickle. Sides can be fries, yam fries, soup, caesar or house salad.

Thoughts? Perogies: It's good.

Billiard Burger: Burger was tasty, and the fries were crisp - but there was a below average portion of fries. *(pause)* I'm pleased.



Grace Wong

Tried: Deep Fried Perogies, B-Club Stirfry

Menu description: B-Club Stirfry – chicken (or tofu) sautéed in spicy house sauce, pan fried with an assortment of fresh veggies. Served on a bed of rice.

Thoughts? Perogies: Crunchy. I'm down with this.

B-Club Stirfry: Saucy and spicy! But this may be the one case where being too saucy is a bad thing...the sauce is 'errywhere! A solemn reminder of how weak my spice tolerance is.



Stacy Wizniuk

Tried: Sausage & Perogies

Menu description: Double smoked farmers' sausage and perogies, topped with sautéed onions, bacon and spring onions, with sour cream.

Thoughts? Perogies are the best. I love perogies. Why would you order a quesadilla when you could have perogies?



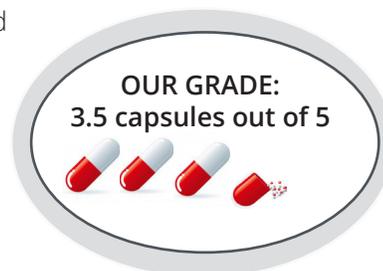
Yasir Iqbal

Tried: Deep Fried Perogies, Calamari, Quesadilla

Menu description: Quesadilla – chicken or steak, in a grilled flour tortilla with red peppers, mushrooms, red onions, and mixed cheeses. Served with club salsa and sour cream, with your choice of side.

Thoughts? Perogies: The only Ukrainian food I eat is pizza. Calamari: Tastes like Squidward's personality. I don't know. Don't put that. It's aight.

Quesadilla: It was more packed than the Pharm 367 course and I'm so glad I never ordered the perogies.



AMANDA'S KITCHEN

EASY TORTILLA PIZZA DINNER

BY AMANDA LEONG

Makes: 4 pizzas

Pizza Ingredients:

- Soft tortilla shells
- 4 tomatoes, chopped
- Pizza toppings: whatever you like!
- Cheese (I prefer aged, smoked cheddar)

Pizza Sauce Ingredients

- Tomato pesto
- 1 clove of garlic, diced
- Olive oil
- Red wine vinegar (optional)
- 1 tsp parsley (optional)
- 1 tsp oregano (optional)
- 1 tsp basil (optional)

Directions:

To make the pizza sauce (alternatively, you could just buy this from the store):

1. Put some olive oil in a saucepan, heat on high until sizzling.
2. Reduce heat to medium or medium-high and sauté the garlic and add the tomatoes and all the herbs if you have them.
3. Once the tomatoes get a little mushy (probably 3-5min), add the red wine vinegar (I do two rounds around the pan) and continue to sauté until the acidity burns off (another about 5 minutes). You need to make sure your pan is hot (so you may need to increase the heat again) when you add the red wine vinegar or it will take forever for the vinegar to burn off and your sauce will be way too tart!
4. Add 1 tbsp of the pesto to your sauce and sauté on low-medium until the sauce is thick.



PHOTO CREDIT: AMANDA LEONG

To make the pizza:

1. Preheat oven to 425oC
2. Soft tortilla shell goes on the bottom, people!
3. Add the sauce on top
4. Put your pizza toppings –I like chicken legs (diced, seasoned and cooked), pineapple, avocado, mushrooms, BBQ sauce, hot sauce and aged, smoked cheddar.

NB: Cheese is always the last topping to go on your pizza!
5. Cook your pizza in the oven on a pan lined with parchment paper for 12-15minutes, or until the edges of your pizza crust are golden brown and the cheese is bubbling.

PHARMACY HOROSCOPES

BY MORGAN BASIUK & RAJ BHARADIA



LIBRA (SEPT 23 - OCT 22)

This is an exciting time for you. You or someone close to you has just been elected to APSA! Do your best as elected council members to keep the APSA – student symbiotic relationship mutualistic!



SCORPIO (OCT 23 - NOV 21)

You have been having hot flashes ever since the Pharmacy Talent Show... don't worry, no need to initiate hormone therapy – just try to clear your mind of all the good looking talent... cold showers will usually do the trick!



SAGITTARIUS (NOV 22 - DEC 21)

Soon you will be taking a step up towards something amazing – maybe graduation, the start of a pharmacy career, a summer trip or a new summer job. Wherever pharmacy takes you, be thankful that that donning and doffing a white coat doesn't involve 18 steps like the Ebola protective suit.



CAPRICORN (DEC 22 - JAN 19)

Capricorn, these next few weeks shall test your resilience. After falling flat on your face during your midterms, your confidence was damaged. Failure and rejection are part of life and they really do add character. Go into your finals with your head held high and you will undoubtedly prove you are a champion!



AQUARIUS (JAN 20 - FEB 18)

Creating order brings a sense of peace and personal control. Mental organization like goal setting, budgeting, or scheduling will add to this feeling. Sift through and clean out as many corners as you can. Maybe you'll have more room for memorizing random things. Y'know, 'cause that's what school is all about right?



PISCES (FEB 19 - MAR 19)

Creating order brings a sense of peace and personal control. Mental organization like goal setting, budgeting, or scheduling will add to this feeling. Sift through and clean out as many corners as you can. Maybe you'll have more room for memorizing random things. Y'know, 'cause that's what school is all about right?



ARIES (MAR 20 - APR 19)

It might seem like your brain is working against you today, Aries. You can't solve any DRPs or answer your preceptor's questions. Look beyond the confusion of the day and let someone else do the thinking – Lexicomp!



TAURUS (APR 20 - MAY 20)

All week there has been an itch that you just can't scratch – you are starting to wonder if it is candida, trichomoniasis or bacterial vaginosis... better do the whiff test to be sure!



GEMINI (MAY 21 - JUN 20)

You might feel more energetic than you have in a long time, Gemini. The day's planetary aspects offer a powerful energy that will increase your mental acuity and physical strength. Add some pseudoephedrine to the mix, and you'll be able to accomplish so much that there will be time to spare. If so, help others lighten their load.



CANCER (JUN 21 - JUL 22)

It's been a long few years of penny-pinching. Your elegant dinners of sautéed ichiban with a side of ichiban salad are beginning to take their toll on your health; you feel guilty educating patients to lower sodium when you eat the recommended weeks' worth at each sitting. You can see the light at the end of the pre-packaged tunnel; you are almost a graduated professional with a real paycheck... I am sure you will have lots of time to step up your diet... OK, maybe not.



LEO (JUL 23 - AUG 22)

You have been really blue lately and not because of the amiodarone you are taking. Focus on the positives and reward yourself for all the hard work you have been doing!



VIRGO (AUG 23 - SEP 22)

It has been said that you don't need your APA to prescribe laughter for a fellow colleague or patient. According to a clinical trial with an N of 3, laughter really is the best medicine! Undisputed science here folks.

DE-STRESS FROM EXAMS CONTEST!



PHOTO CREDIT: TICO_24, FLICKR

Win a \$10 gift card to Starbucks!

Coffee, tea, and carbs - Starbucks has the fuel you need to get you through those cramming sessions for finals. Get your venti Espresso Macchiato on us! Win **one of five \$10 giftcards** to Starbucks by taking a selfie of yourself doing something to de-stress - i.e. anything *other* than studying! Submit your photo, name and year of graduation to pqcontest@gmail.com by **April 18, 2015** and we will pick **FIVE** winners at random. So, what are you waiting for - get ready to relax and snap a photo (selfie stick optional!)



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Sponsored message

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.

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