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ALBERTA PHARMACY STUDENTS ASSOCIATION OFFICIAL NEWSLETTER



Winter is coming...

Editors' Note

by Allison Mejilla

My fellow pharming brethren, time has flown by and the semester is nearly over. Good ol' December is here, where finals are drawing nigh and the John Scott library reeks of sweat and fear... But don't fret. Winter break is on the horizon, and you'll be able to eat and sleep to your heart's content.

We've had a busy semester thus far, with loads of APSA events along with all of our classes. Now it's time to get serious (but only if you feel like it) and hit those books. When you feel like you need a break, peruse the December edition of PQ. In addition to our regular features, we have a wrap up of Mr. Pharmacy, CAPSI Literary Challenge finalists, some PharmD candidate perspectives, and many more articles! We hope you enjoy procrastinating with the PQ ☺

Now, study hard and stay warm! And happy holidays!



YOUR PQ EDITORS

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

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

Or feel free to stop us in the halls!



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

New Beginnings

by Eman Saleh

I was in an unfamiliar place, surrounded by unfamiliar faces and unfamiliar expectations. I walked into the Medical Sciences Building for orientation day with extreme trepidation. I reminded myself yet again that I was about to embark on a journey to becoming a pharmacist – a dream I have had for as long as I can remember.

The organizers and volunteers of our orientation did a great job in trying to ease the transition of the shy and quiet first-year students (this didn't last long). The "speed dating" game and the scavenger hunt were fun ice-breakers and helped us become more familiar with the people we will be sharing the next four years with.

Then came the classes. I have enjoyed learning about patient-centered care, drug development, ADME, the pharmacists' role in health care, immunology, and the changing practice of pharmacy. However, I have to say that my favourite is the PHARM 300 (Experiential Learning) course. My

placement is at a long-term care facility housing residents with medical conditions such as Alzheimer's disease, dementia, cerebral palsy, and schizophrenia.

I am learning something new with every volunteer session. While there have been emotionally challenging experiences, I think about how, on one Friday evening, I shared a wonderful conversation with a resident who spent hours talking to me about his family, grandchildren, and life experiences. Such experiences have put "patient-centered care" into perspective for me. It underscores the importance of health care professionals and excellent pharmacy practice towards the enhancement of patients' well-being.

Overall, these last few months as a first-year pharmacy student have been amazing. I am looking forward to what the next four years will bring...

Value Drug Mart's Mr. Pharmacy Wrap-Up

By Jon Tong

The Mo's are shaved, the hype has cooled, and the silent-auction items are accounted for. The final tally comes in to over **\$15,600** raised by the efforts of the Faculty of Pharmacy and their partners towards Movember Canada for men's health. I hope everyone enjoyed the show!

I just wanted to make some gestures of appreciation for the following people:

My CSC team: Dan Burton, James Frobb, Brad Snoddy, Jessica Pyrch, Jenny Carbon, Rebecca Peat, Rafiq Salehmohamed and Alan Choy for helping me carry this event. They did a ton of work guys; everything from the planning to running around behind the stages to put out fires. I can't say enough about these beauties. This must be how Frodo felt when he knew he had The Fellowship to help him through no matter how bad it got. Thanks guys!

Thanks a ton to the volunteers for manning the coat checks, handling the at-door ticket sales, bringing the food and turning the front house into a great lobby for the event. I'm sure the guests appreciate your work too! I certainly appreciated not having to worry about it during the dress rehearsal.

Thank you to the judges that were happy to see Mr. Pharmacy from a different angle and even be part of the show at times. I hope you had fun sitting up there close to the action and picking your top contestants.

Thanks a bunch to the contestants for sweating this out with me, especially during the dress rehearsal where we soon realized how make or break this was going to be. You were all fantastic out there. Cheers boys!

Thank you to the amazing emcees Sam Davidson and James Frobb for working hard to put on such a good show! Talk about thinking on your feet, you both saved the show in more ways than one. Great job you two!

Thanks to those that contributed to the silent auction. The turnout for this was incredible, as we raised around \$2,000 off of this alone! Some of you got us more than one item and for that, double thanks!

Thank you to Value Drug Mart/Value Invest for supporting once again this year.

Thank you to anyone else that helped and I neglected to mention, but thank you to the students, faculty and guests that came to enjoy the night with us. It was an honour to take part in one of APSA's biggest events.

Jon Tong

VP External

jktong@ualberta.ca

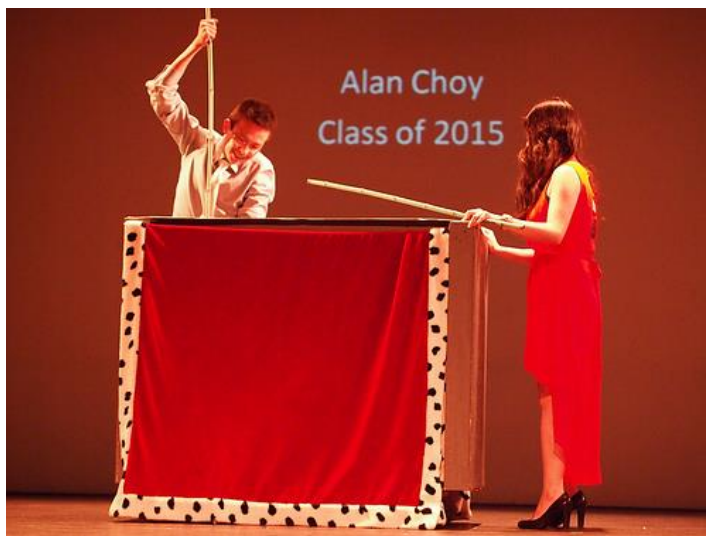


Congratulations to Mr. Pharmacy 2013, Jason Croteau-Walker, and a job well done by the other candidates!

Class of 2014: Mike Newman & Josh Tay
Class of 2015: Alan Choy & Raymond Fung

Class 2016: Jason Croteau-Walker & Scott Wakeham

Class of 2017: Seth Gilfillan & Daniel Leung



Now for a quick word from Mr. Pharmacy 2013 - Jason Croteau- Walker

How has your life changed since becoming Mr. Pharmacy?

Everything has changed.. Everything is different. I can't leave my house without the paparazzi trying to catch a glimpse of me or people trying get my autograph. Going out in public? A nightmare. Really though, not much has changed. Everyone says hi to me. It's really nice. Even the lab facilitators seem to know my name. I am also very much aware that many of my peers and professors have seen my bare chest, so that's different.

What do you plan on doing with your newfound title?

Make public appearances at pharmacy related events, wave at crowds, ask people to fetch me food from Tim Horton's, add it to my resume and curriculum vitae, be in a parade etc. You know I'm really just trying not let it go to mv head too much.





Photo credits to the Yearbook Editors

What you will do now as one of the hottest bachelors in pharmacy as declared by your peers?

Ray: Hotness ain't a thang

Alan: yolo

Josh: Cool my hotness down in this weather.

Daniel: Spiral down into a drug-fueled craze, get admitted to rehab, get out, make an epic comeback next Mr. Pharmacy à la Robert Downey Jr.

Jason: Use it to my advantage and send people to Tim Horton's in between classes to get me something.

Any advice for next year's contestants?

Ray: It's worth the experience. Even if you get forced to do it or don't want to do it... Completely different point of view

Alan: Just do it - Nike

Josh: You may think you need some benzos or propranolol, but you really don't.

Daniel: Employ a liberal use of tear-aways throughout your show. Do squats.

Jason: Have fun with it, it's for a good cause! Whatever you say and/or do will please the crowd and make them laugh.

Anything to improve the contestant experience next year (this is more for myself and the future VP external)?

Ray: earlier or more rehearsal to make it less stressful

Josh: What Ray said

Daniel: What Ray said. And to film the entire event (maybe set up a camera on the balcony) so we can also enjoy it since we're backstage most of the time and can't see the show.



And now, some of the Mr. Pharmacy Candidates reminisce...

Josh: It's super stressful leading up to the event, but it's very rewarding when it's all said and done.

Daniel: A lot of work but a lot of fun. I'm glad I was able to try something new and completely different.

Jason: It all went by so fast, I'm a little sad its all over!

PharmD Perspectives

By Karen Hagen

This is the first year that the faculty has started the PharmD program at the University of Alberta! We wanted to ask the PharmD students about their experiences to give the rest of us gain some insight on what the program has to offer. A big thanks to the students who took the time to contribute.

Remember: PharmD applications are due at the beginning of September of fourth year, so if this is something you are thinking about after you graduate, start planning now!

Stephanie De Champlain:

How did you feel when you found out you were accepted to the PharmD program?

I was really excited and nervous, since it was something that I wanted to do but wasn't sure what exactly to expect.

What is your typical day / week like?

A typical week for a PharmD student is quite busy. Every day we have classes/seminars to attend. Often, our lectures are online so we watch them before class and then our class is meant for discussion and going through cases. You always have to do homework every night and every weekend to prepare for classes, finish assignments, and make sure you are keeping up with the work. You also get to see your awesome classmates every day and you get very close with them since it's such a small program!

What is the best thing about the PharmD program?

The best thing about the PharmD is definitely the small class size. You are so much more engaged in discussions, and more likely to clarify questions than when you were with a big group of people. Everyone is there to support each other and it really is a great atmosphere.

What was the most surprising aspect of the program?

I think the most surprising aspect of the program was how much the faculty is wanting our feedback. They really want to do their best to improve the program and make it better for future years so they are extremely open to feedback and are constantly asking us how we felt about certain activities and topics.

What do you hope to do with your PharmD after you graduate?

After I graduate, I hope to get a clinical pharmacist position at either a hospital or a clinic. I also hope to precept other students and perhaps one day be able to give some lectures to the class!

Can you give younger students one reason why they should apply to the PharmD program?

One reason why they should apply to the program is that it's such a great opportunity to enhance your learning and it will open up so many more opportunities in your future!

Elliot Pittman:

How did you feel when you found out you were accepted to the PharmD program?

Sweeeet. Another year of homework, studying and paying tuition before I get to make money. But really, it was pretty exciting. It's a great opportunity and I think we were all quite happy to have the chance right here at the U of A.

What is your typical day / week like?

PharmD is organized by weeks, and each week is a different topic. The core of the program is the "Advanced Pharmacotherapy" class, and the other courses have their own objectives, but tailor a bit of their content to support that course. So, you get a new patient case on Wednesday, and on Friday you meet and decide what you need to learn. Satisfying these learning objectives engulfs the weekend, and then on Monday you discuss them. After that a few unfortunate students known as the "probies" are in charge of synthesizing all of our work into a care plan to be discussed on Wednesday, and the whole process starts again. Make sense?

What is the best thing about the PharmD program?

The whole group dynamic changes as opposed to the BSc. Rather than working individually for grades we work collaboratively to learn and grow as a group. It's a huge change in mindset but it makes for a very productive learning environment. Everyone arrives to class ready to share and contribute.

What was the most surprising aspect of the program?

Being the only guy was quite the shocker. Not complaining or anything. If you're tired of the outrageous ratio of guys:gals at most popular venues, then PharmD is for you.

What do you hope to do with your PharmD after you graduate?

I'd like to pursue a clinical practice and do some teaching and scholarly work part-time. I think that strikes a perfect balance between patient care, nurturing the profession, and advancing the clinical knowledge base.

Can you give younger students one reason why they should apply to the PharmD program?

It gives you a huge head start with your clinical skills. Maybe it was just me, but when I finished the BSc and got my PEBCs out of the way I was still unsure of my clinical expertise. PharmD gives you ample opportunity to dig deep into the clinical information out there and apply it. The electives are also very flexible, allowing you to tailor your education to suit the area you want to practice.

Kathryn Haubrich:

How did you feel when you found out you were accepted to the PharmD program?

First excited, then relieved, then anxious!

What is your typical day / week like?

Haha, well... it's a pretty jam packed schedule. There is a fair amount of in class time (which is all spent in discussion, and not sitting back and relaxing listening to a lecture!) Most lectures are provided as videos that you have to review on your own at home. A lot of your time is spent reading journal articles, guidelines, etc and researching

in order to prepare yourself for discussion and to do assignments.

Each week in our therapeutics course, we have a new case topic that we spend the weekend become an "expert" on one portion of the topic, and then have to present it to your classmates, so that entails a lot of research and reading. It sort of forms the "structure" for each week, in that you have set deadlines with your classmates to meet for posting summaries of information, care plans, etc. Everything else gets squeezed in between doing that. You become very time efficient and good at prioritizing in this program :)

What is the best thing about the PharmD program?

Working closely with a very bright group of motivated pharmacists. You become very close to your classmates, and are extremely inter-dependent. We also have excellent mentors and profs in the program who keep us on track and support us in our work.

What was the most surprising aspect of the program?

How much fun it is. It's definitely a lot of work, but have lots of laughs in class, and the work is surprisingly enjoyable- everything we are learning is information I WANT to know, and know will be useful in practice. The awesome group of people we have makes the learning process a blast.

What do you hope to do with your PharmD after you graduate?

I'm hoping to get into a clinical position in hospital practice (hoping to work in pediatrics and/or critical care) and do some precepting, lecturing and research on the side. Maybe one day I'll get into teaching... we'll see!

Can you give younger students one reason why they should apply to the PharmD program?

It's the best thing you can do to improve your skills and abilities as a pharmacist. If you want to be a leader in the field, this extra education will be a great asset!

Clarissa Chow

How did you feel when you found out you were accepted to the PharmD program?

Excited but nervous at the same time. It's a brand new program! But I wasn't sure what to expect and how I would feel once classes actually started

What is your typical day / week like?

It's a very demanding program. Not a lot of classes to take but there is a lot of work involved in each one. Classes tend to be longer since the majority of it is discussion based. Homework on the weekends...always...

What is the best thing about the PharmD program?

It is a steep learning curve but very rewarding when you realize how much you are learning and growing as a pharmacist!

Developing new friendships in my class of 10 people (i'm going to miss seeing them everyday when we start rotations, we have grown so close especially after physical assessment labs/spin class/clarissa and steph's birthday celebrations/nerdy halloween costumes).

What was the most surprising aspect of the program?

You get a chance to design your own rotation so you can choose what you want to learn

You get to call your profs by their first names! (took some getting used to!)

What do you hope to do with your PharmD after you graduate?

This is a difficult question. Ask again after rotations?

Can you give younger students one reason why they should apply to the PharmD program?

If you feel like the BSc program has given you lots of good knowledge, but still have trouble bringing everything together, the PharmD program can really help!



PharmESPN

by Jaspreet Jhajj

NFL

It's the end of Week 14 in the NFL and teams are starting to separate themselves from others. Below I have divided what I feel are the top playoff teams into 3 tiers.

Tier 1 Teams:

NFC: Seattle Seahawks (11-2), New Orleans Saints (10-3)

AFC: Denver Broncos (11-2), New England Patriots (10-3)

All 4 teams are either the first or second ranked team in their respective conferences. The Hawks beat the Saints in Week 13 but they were playing at home where they have been unbeatable over the last 2 seasons, going 14-0. This week they lost a close game to the 49ers on the road. They have almost clinched home field advantage making their road easier to the Super Bowl but can they win away from home? The Super Bowl will be in New York and not in Seattle. Despite their loss to Seattle, the Saints are a top tier team. They came back this last week and easily beat a Panthers team who had won 8 in a row before playing the Saints. Had the Saints lost, they would have slipped to a Tier 2 spot. The Patriots played the Broncos in Week 12 and this was one the most exciting games of this season. The Patriots came out with the win in overtime on a field goal. After that loss the Broncos beat both the Chiefs and the Titans. The Patriots continue to start out slow and play well in the second half. They beat the Browns this last week by scoring 2 TD's in the last minute. Both teams despite being on top of the conference lost key players this week to injuries. The Broncos lost WR Wes Welker to a concussion, his second of the season. The Patriots lost arguably their best player in TE Rob Gronkowski for the season due to an ACL tear. These injuries are going to have a huge impact

on the game plan for both teams, since both players are such key contributors.

Tier 2 Teams:

NFC: Carolina Panthers (9-4), San Francisco 49ers (9-4)

AFC: Cincinnati Bengals (9-4), Kansas City Chiefs (10-3)

The Panthers 8 game winning streak came to an end in Week 14 at the hands of the Saints. This was a huge division game and would have put the Panthers ahead of the Saints in the division. Although they lost, this is still a very good team and they have the skill to go to the big game. The 49ers beat arguably the best team in the league in Week 14, the Hawks. Although they have the 6th seed in the NFC the 49ers are a much better football than the 3rd seeded Eagles and 4th seeded Lions. Week 17 will be a critical game for the 49ers, as they play the Arizona Cardinals (8-5) who are right behind them in the standings for the last playoff spot. The Bengals easily beat the Colts this last week by a score of 42-28. Had the Patriots lost to the Browns in Week 14, the Bengals would be sitting number 2 in the AFC and would have a spot in the top tier on this list. The Chiefs have lost to the Broncos twice this season almost ending a chance to win their division. Through the first 9 weeks they were the best team in the league but now it is a question of whether they can consistently beat top tier team on the way to the Super Bowl.

Tier 3 Teams:

NFC: Philadelphia Eagles (8-5), Detroit Lions (7-6)

AFC: Indianapolis Colts (8-5), Baltimore Ravens (7-6)

The Arizona Cardinals in my opinion should be a tier 3 NFC team. They can replace either the Eagles or the Lions on this list but since I am talking about just playoff teams, these are my picks. The

Lions continue to lose by making critical mistakes and turning the all over. They have had many opportunities to lock up their division and they just have not delivered. They are keeping the Bears and the Packers in the race for the division. The Eagles are playing in arguably the worst division in the NFL but are in my opinion the best team in their respective division. The Cowboys have had multiple chances to overtake them but keep coming up short. The Colts beat the 49ers (9-4), the Hawks (11-2) and the Broncos (11-2) but got blown out by the Rams (5-8), the Cardinals (8-5) and the Bengals (9-4). They have beaten multiple top tier teams and arguably the best team in each conference but then have been blown out by the Rams. The loss of Reggie Wayne was huge for this team. They have locked up a playoff spot and a division title so that is one positive. The Ravens have won 3 in a row and look like a much better team over the last few weeks. The defense which lost 2 hall of fame caliber players, in Ed Reed and Ray Lewis last season, is starting to come together. Flacco threw 3 INT's last game against the Vikings but when it mattered most he threw a clutch last second TD to win it. They need to keep winning as multiple teams, Miami Dolphins (7-6), San Diego Chargers (6-7) and New York Jets (6-7) are right behind them trying to squeak into the playoffs.

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

Art Scene

by Karen Hagen



This 2011 film was a refreshing change and a delight to watch. The Finnish director, Aki Kaurismäki, puts together a fascinating plot surrounding a refugee boy who arrives “par hazard” (by accident) in the port town of Le Havre, France. What makes this film stand apart, however, is the detail put into the filmmaking itself, an aspect often neglected in modern film. The director makes it clear that the film takes place in the present (through the use of Euros, someone ordering a 2005 vintage of wine, and references to Al Queda, however it’s easy to forget this and think it was filmed in 1970. The lighting, sets, costumes and film quality give the feel of a 1970s era film, comparable to “Le Ballon Rouge” (The Red Balloon) instead of something recent like Amelie.

The painstaking attention to choosing vintage 60s furniture, clothing, hairstyles and even appliances made it such that I thought it was from the 1970s until halfway through the story. The director uses this as an analogy for the poverty of the main characters, who live in a downtrodden area of the town and are in essence “stuck in the past”. The main character, Marcel Marx, visits larger cities such as Paris and Calais and immediately appears like a man “out of his element” in the modern world in these scenes.

The depiction of the poverty and hopelessness of the working poor is a main theme in this story. The director uses his

incredible talent to set up many scenes as if they were modernist paintings (particularly the Marx’s kitchen). The appliances, food, and clothing of the characters is minimal (Marx and his wife seem to have only 2 outfits each) and speaks to their financial and social situation. Nonetheless, they take good care of the things they own, in the scenes with the wife pressing her husband’s pants at the end of the day and hanging them in the wardrobe. This is at odds with how we treat our possessions today in a disposable world, with planned obsolescence in every product we have from clothing to televisions. If you listen closely, this is also referred to in the newscast in the background in one scene. However the implications go beyond finances. When one character falls ill and is taken to the hospital, the physician says “there is always hope” to which she replies “not in my neighbourhood”. It is a given that things like prosperity, health and happiness are not available to this group of people.

When the refugees are discovered in a shipping container, the anticipation builds as the port authority and police prepare to open the door. What humanitarian disaster will be inside? Expecting the kind of scenes from blockbuster films and reality television, I expected carnage and horror. Instead the director set up another “painting”. The families wait silently, peacefully and regally for the doors to be opened. Not a shred of desperation or terror is evident in their faces. They stare back at their captors/rescuers with dignity and acceptance. The peacefulness of this scene is culminated with a mother holding her sleeping child, the essence of peace.

The director’s use of allegory is clear with the stereotypical “inspector”, who actually plays the role of death. In one scene he meets with the wife of someone he had incarcerated years ago and they discuss mortality and one’s view of it. In his pursuit of the refugee boy, he begins his inquiry not by asking for facts, but by asking about the character and qualities of the suspect. In the end this character plays a critical role in the film, fulfilling his role perfectly.

Major spoiler alert: don’t read past here if you plan to watch this film or don’t mind the ending being less surprising.

Throughout the film most of the scenes take place in the nighttime, dawn or evening, and even the daytime scenes are washed out and overcast. The events surrounding the refugee’s escape also take place in broad daylight, which is completely contrary to what one would expect in the situation but a brilliant filmmaking technique. The film finally comes to a climax in the midday, under the sun. Further, each time the main character Marx leaves the town and tells his ill wife “I will visit you tomorrow” we expect some sort of melodramatic turn of events such that she dies while he is gone. He arrives at the hospital to find her room empty and the nurse brings him to see the doctor. Instead of dying from her terminal cancer, however, she is completely healed. At this point the sun is finally evident in the sky, shining in the windows behind her as she wears her “yellow dress”, a reference to earlier in their relationship. They return home, and their bare cherry tree is in full bloom. In essence, joy and hope has returned to this couple and to their community through Marx’s actions. The ending was a welcome change and an excellent example how a happy ending can be done well without being overly emotional or melodramatic.

Your turn:

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

LE HARVRE (2011) - AKI KAURISMÄKI

Seriously, how do you come up with characters like this? The regulars the bar are one of the many small but entertaining details in this movie that make it so unique.



CAPSI Student literacy challenge

Staying Real in Pharmacy: The challenges that pharmacists face in providing patient-centred care

by Emily Yu

What does a pharmacist do? This question can evoke a variety of answers depending on who is asked. Ideally, the majority of those in the pharmacist profession would want everyone to know that pharmacists provide clinical services. We are here to improve people's health, to prevent morbidity and mortality, and to improve our patients' quality of life. Of course, it is unfortunate that this is not always what the public thinks. It is a critical time right now for our profession to align our role as it is perceived by the community, as it is perceived by ourselves, and as it actually is in reality. Community pharmacists can truly make positive and significant changes in patient lives, but the greatest challenge to providing care is learning how to create real differences in patient lives and how to optimize workflow to finance the services that we provide.

There is no doubt about it: pharmacist intervention saves lives^{1,2}. That pharmacists are care providers is a well known fact amongst the profession, but sometimes people can get carried away. In school, we are given a description of a patient on paper,

and we must find every drug related problem and solve it. We do not ask the patient's consent, and we do not ask what the patient's priorities are. In university, there is no other way to do it, because it would be unrealistic and expensive to find a standardized patient every time we need to practice solving a case. Although it is an excellent way to build critical thinking and problem solving skills, it can often make it difficult to provide real care plans to real people. We must remember that the patient is the one who decides his or her health goals; we as pharmacists are only the facilitators to achieve those goals³. Issues that we see as severe may not matter to the patient, and we have to keep that in mind. With the right amount of persuasion and charisma, we may be able to convince the patient of prioritizing issues that we find important, such as his or her cholesterol or the asymptomatic blood pressure that we would like to get under control, but in the end, we cannot help someone who does not wish to be helped. Communication is essential to providing ideal care⁴. We need to stop seeing our patients as simply a diagnosis or an untreated lab value; our patients are people, not a paper case provided to us by our educational program. There

is no point of providing an "A+" care plan if it is not what the patient wants. With new Comprehensive Annual Care Plans and Standard Medication Management Assessments flying around everywhere, it is sometimes difficult to discern which will really make a difference. In school, the solution for our obese patient might be referring him to a dietician, but in reality, with the opportunity to talk to him, he may already know how to eat healthy or he has already seen a dietician. Having listened to him, it may become apparent that his real concern is that he would like to manage his seasonal allergies, and that he is not concerned about his weight at all. After fixing his allergy problem, maybe then the pharmacist would have earned his trust and convinced him to consider managing his weight. Following graduation, as difficult as it is, we must learn to let go of our ideal care plans and take care of the real patient in front of us.

In the ideal world, pharmacists could freely provide the care that people need. Unfortunately, with the way that the health care system operates, we can only give as much care as we can financially afford to. It may be because of this monetary

challenge that pharmacies still rely so heavily on dispensing. The key that opens the door to pharmacist clinical services lies within pharmacy technicians' scope of practice. So long as a clinical pharmacist is present, they can dispense drugs⁵. It is an old-fashioned mindset to believe that technicians should be taking the prescription and pharmacists counting out and checking the medications. It makes much more sense to have a pharmacist as the first point of contact with a patient. He or she would be able to determine the appropriateness of the prescription, ask the necessary questions to assess if the treatment is what the patient needs, and catch potential drug related problems early on. In line with the new pharmacy services framework, this would also be the ideal opportunity for pharmacists to find patients who would benefit the most from a medication review or care plan. Following provision of these services, pharmacists are in the ideal situation to provide management of chronic diseases. In the 3-12 month time period between most patients' physician visits, pharmacists can provide lab testing or monitor control of diseases such as blood pressure or blood glucose⁶. Every follow-up for a chronic disease brings in \$20-25, and ideally, a healthier patient. Although some may perceive this as a threat to physician practice, pharmacy clinical services should be viewed as complementary to doctors' medical services⁷ like puzzle pieces that fit together in the

ultimate picture of patient centred care.

There is so much that pharmacists can bring to our health care system in the form of improved therapeutic outcomes, especially now that we are reimbursed for our services. As pharmacy practice begins to grow and expand, we will continue to face new challenges that seem to stand between us and our clinical role. It may take time to adjust, but it is important for us to constantly learn and adapt to our new practice settings. Many patients, pharmacists, and non-pharmacist health care providers have already embraced our new services, and it is now time for all of us to do the same.

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CAPSI Student literacy challenge

The Power of a Prescription Pad

by Alyssa Aco

On average, every human being is exposed to about 5000 advertisements per day (1). For a student with the common cold or a mother whose daughter recently contracted measles, advertisements on drugs or medications are most appealing. Most advertisements for drugs guarantee glorious results with limited side effects in a short time, offering relief for those desperate for a cure. The media, through advertising, offer the public an easy, one-step escape from the problems of their illness with drugs packaged for sale. Desperation and the appeal of the drug's convenience blind the public of the probability those drugs are only packaged to sell, not to heal. The pharmacist is the public's only defense against the false promises and unrealistic results of advertisements. Many become victims of careless medication use, revealing the vital role of a pharmacist in the community. As an integral healthcare professional, the pharmacist is the learned intermediary between physicians and patients. Important medical information is translated by the pharmacist, thus providing the public with a high degree of patient-centered care. Service provided by the pharmacist is not limited behind the counter, but extends to a patient's therapeutic progress and the protection of the public. For decades,

pharmacists have simply been considered drug dispensers, however the profession is currently undergoing dramatic changes that will soon alter the shape and future of the healthcare system.

First instinct during the onset of an illness or injury brings a person directly to the pharmacy. Due to easy accessibility and long hours, pharmacists are the first point of contact in the healthcare system. Their role in the community is often taken for granted because of the dynamics of a pharmacy's layout. People view themselves as customers, as opposed to patients, and pharmacists, stationed behind a counter, simply as retailers with a dispensing role. However, the field of pharmacy is currently undergoing a significant change, shifting pharmacists from drug dispensing to medication management. Community pharmacists watch for contraindications between a patient's prescription drugs and monitor for adverse side effects. Serving as medication counsellors, pharmacists are taking a more active approach during the therapeutic process. Patients regularly return to the pharmacy to discuss the effects of their medication, whether it is effective or causing adverse side effects. Without community pharmacists providing continual care, the public will face longer

wait times at local health clinics even if they just want a quick five minute discussion about their medication. Pharmacists work in close-contact with the public by providing continual patient-centered care, revealing their importance in maintaining the proper functioning of a community.

The common perception that pharmacists are only glorified drug dispensers shows how unaware the public is of a pharmacist's scope of impact. Misuse of prescription drugs cause about 10,000 deaths in Canada every year (2). Every drug has a potential to kill. A neighbor, the bus driver or a friend can easily become victims of drug overdose, if it was not for a pharmacist providing accurate medication information. The only thing standing between the remedy and the poison is the pharmacist. Pharmacists determine a drug's proper dosage, thus revealing the pharmacist's influence over the public's health and safety. The knowledge and competency of our community pharmacists can save \$2-9 billion dollars, money wasted on the public's misuse of prescription drugs (2), and can definitely save lives. Pharmacists have the power to change the dynamics of the healthcare system for the better. One in nine emergency room visits are drug-related incidents (3), visits easily

preventable with a pharmacist's scratch on a prescription pad. The grand scope of a pharmacist's influence separates the profession from a simple drug dispensing role. Shorter hospital wait times and significant cost reduction on public health budgets are features of the future pharmacists can create for the world.

Pharmacists serve as defenders of the drug, preventing misuse of medication caused by the inaccurate messages sent out by the media. The public is surrounded by drug pamphlets hastily provided by advertisers that report minimal side effects or do not report potential dangers of the drug. Many rely on advertisements for drug information without considering a thirty second commercial's inability to provide medical counselling. Pharmaceutical companies are currently not required to report injuries caused by their products on a worldwide scale (2), giving the public a false impression on a drug's effectiveness and safety. The primary role of pharmaceutical companies is to make business, not develop the health and wellness of a community. But that is why pharmacists are in the business – for the people's health. Pharmacists will filter out bogus advertising information and work towards a drug that works best

for the patient specifically. It is a pharmacist's job to protect the public from misinformation that could lead to deadly consequences. The pharmacist educates the community on their medication, providing a solid, reliable source of credible information on the millions of drugs - whether bogus or legitimate - available on the market.

The pharmacist is the embodiment of trust, integrity and knowledge; the community does not function without these integral members of the healthcare system. A good proportion of the public underestimates a pharmacist's impact on the community, overlooking the power of the prescription pad. Pharmacists have taken a more active role in medication therapy, thus broadening their scope of impact on a patient's therapeutic progress. Pharmacists are also instrumental in the reduction of drug-related deaths and emergency room visits which are predominantly caused by drug misuse. As defenders of the drug, it is the pharmacist's role to provide drug use education to the public to prevent preventable drug-related deaths, since inaccurate advertising has made it necessary. As the protectors of

the public, pharmacists are the main line of defense against the deadly effects of medication misuse and advertising inaccuracy. Pharmacists are essential in the development and maintenance of the public's health. There is a fine line between a remedy and a poison – every drug can kill – and which one a drug becomes depends on a pharmacist's scratch on the prescription pad.

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A Day in the Life

by Katherine Sorensen, AHS Drug information North Pharmacist



1) What year did you graduate? 1987

2) What made you choose to become a pharmacist?

I went with my friend to University orientation. I tagged along with her to the pharmacy presentation. It looked like a good combination of business and science. I had originally considered law but was told I would be in the library from morning until night so I changed my mind. Talk about irony.

3) What has your career path looked like since you started your career as a pharmacist?

Completed residency at the Calgary General Hospital

> 25 years of experience in a variety of settings: hospital, community, LTC, ambulatory clinic (geriatric focus)

~15 years concurrent experience in reviewing drugs, developing policies and serving on various committees

My most recent big projects involved consolidating eleven separate formularies from each of the former health regions (AHS Inpatient Formulary), Sandoz Drug Shortage, and working to establish a Corrections Formulary.

4) What made you decide to go into Drug Information?

It's a chance to solve mysteries. You start with a question, assemble the clues (the literature), and then you get to solve the problem. I get a chance to help many people every day.

5) What kind of duties do you have as a drug information pharmacist?

Drug Information pharmacists contribute to patient care by providing healthcare professionals with comprehensive and accurate information to help them make decisions about drug therapy. A majority of our time is spent responding to questions which can range from a quick website check to a more complex literature search and report which can take several hours to complete. There is some teaching involved and we also develop web-based resources such as a recipe database, stability and intravenous compatibility charts. I find the work is very analytical and I enjoy that.

6) Favourite Adverse reaction – black hairy tongue

(Editor's note: you should Google it, but don't do it if you're squeamish.)

7) Favourite Drug - levothyroxine

8) Favourite Interaction – ritonavir boosting antiretroviral therapy

Finding balance ... or harmony ... with work and family life

by Karen Hagen



When I was younger, I had a lot of unanswered questions about what my future would look like. I knew that I wanted to go to university and do something health or science related, but I also wondered about how I would do that if I decided to have children. The thought put me at a bit of unease, as nobody seemed to be able to provide me any ideas on how to make working life with a family actually *work*. The one person I asked said "Well, my wife stayed home with our kids, so I can't give you any advice."

What I have noticed over time is that there are a multitude of ways to make family and work life fit together, and there are more options than I ever thought possible!

With exams and summer jobs, rotation placements and future careers on all of our minds, it's hard to even give a thought to what life will be like if you choose to have children. But someday the planets will align and some of you will decide "Alright, this is kind of nuts, but let's do this family thing! And at multiple points in the near future you will find yourself thinking "What have I done?? How am I going to make this all work??"

To give you some perspective on what it's like to be a parent as well as a professional (or student) I have acquired some excellent insight from others for your benefit:

William Snodgrass: (APSA president, 3rd year pharmacy student, parent)

Having a family while going to school is definitely challenging, but it does come with rewards as well. One of the best de-stressing activities for myself is wrestling with my boys. A few weeks back while out for supper my eldest

son, Will asks (in a rather loud voice-kids don't know what quiet is!) "Dad... when we get home can you beat the crap out of me?" Needless to say I had to explain; what we did was playing and that we have to be careful about what we say so that daddy can stay out of prison!

The key for myself is all about balance. It is no different for anyone else it's just that our priorities might be slightly different. School does take away time from my family, so it is important for me to make the time that I do have with them count. We did have a live-in nanny to help us for 2 years, which was necessary before Rowan was in school. Our nanny has since moved on and we are now feeling the pressure a little more, and our house isn't quite as clean as it used to be. Our nanny was really good at cleaning! She would clean things I didn't even know required it (window screens, oven vents).

It also helps to be married to a fabulous wife! Without her none of this would be possible for me. She definitely "wears the pants" at this juncture of our relationship. A lot of coordination has to occur between us in order for her to work and for me to go to school. Obviously, one of us has to be home when the children are also there, so we often are on opposite schedules. Some fun activities we often do when we are on kid duty include; soccer practice, swimming lessons, Tai kwon do, science experiments, learning to read (French and English), and of course video games. Since my wife and I don't get to see much of each other during the week, we will often take some time for ourselves on weekends. Since my wife (Lena) is a pharmacist, our evening conversations are usually spent discussing pharmacokinetics. Seriously though... we just started Breaking Bad and we are hooked yo!

Christine Hughes (Associate professor, Faculty of Pharmacy and Pharmaceutical Sciences)

How do you fit your family schedule into your work/school schedule?

This is really challenging for any working parent and it often comes down to organization and prioritization (easier said than done!). I feel fortunate that there are many exciting opportunities to get involved in our

profession whether it be at the University, professional organizations as well as my practice but this also leads to more time away from family on weekends and evenings. I try to get organized as possible on weekends for the upcoming week and have had to turn down opportunities at times due to family commitments. It really helps to have a spouse with a flexible job who can take on more child related duties during busy times! It also helps to create a "network" of friends to call on in times of need.

What are the best moments of your week?

There are a lot of "best moments" but I really like Friday nights (usually just hang out at home with the family watching a movie) and watching soccer and hockey games on the weekend!

What are the most challenging aspects of your week?

Transitioning between work and home life can be challenging on some days especially if work has been particularly busy or stressful. It is also challenging when "unplanned" situations arise such as family illness or emergencies when there are 2 working parents.

Can you describe who you rely on for child care?

When my children were younger we paid for childcare. It is a bit easier now in some ways that they are old enough to come home after school and be left alone for a little while (although the teenage years are just around the corner!).

What suggestions and advice do you have for future parents to help make their work and family life harmonize?

Balancing career and family can be very challenging and an individual experience. I think each family unit needs to figure out what works best for them but in either case it really helps to have friends and/or family as supports. I do think it is possible for parents to have both a career and family (with some juggling and compromise) as both career and family can be very rewarding experiences.

Lisa Guirguis

How do you fit your family schedule into your work/school schedule?

Our life is fluid. My husband and I job both have flexible work. Both our children are in elementary school. At the start of each week, we figure out who is doing pick-ups and drop-offs. All important meetings we invite each other to on our calendars to try keep track of schedules. Our children also walk over to our offices some days. Academia is great...you can work any 40-60 hours you want!

We live near the U, so we can bus. We minimize our commute time and on the bus is time with the kids. The piano teaching lives next door and most other activities like dance, swimming, yoga are all booked with an eye to reducing driving time. Tuesday I spent time with the younger child while the older is at Guides. Saturday I spend time with the older while the younger is at dance. Each gets their own time.

What are the best moments of your week?

Reading at night, watching the girls walk over together, Friday night pizza, supper together ever night, pictures, sharing of special secrets, holding hands, e-mails from my daughter at school (when she should be working).

What are the most challenging aspects of your week?

Piano practice, spelling test, sibling fights, deciding who will stay home with a child if they are sick, packing lunches.

Can you describe who you rely on for child care? Do you rely paid childcare, family members, or others to help with child care?

We used full time daycare. We have always been at not for profit centres near universities. They have been fabulous and like extended family. Otherwise, we have a babysitter who comes on Thursday nights to watch the girls. She has been coming for 3 years now. Our family is 2 or 3 hours away, so we call on them for big emergencies, travel, or summer camp at Grandma's for a week.

What suggestions and advice do you have for future parents to help make their work and family life harmonize?

Plan your life such that it flexes around your family and work. There is no such thing as work life balance...there is harmony (a word from a friend recently). With harmony, when I am working I work hard and when I am with my family I am there! I don't do e-mail until the kids go to bed. I help with reading and drop them off at school in the am. I also travel, work late sometimes and attend student/professional events. They are all part of my life. I mostly love my work and mostly love the time with my kids (there are moments that are tough at the end of a long day). Do not make excuses. Kids are resilient. Do believe work is everything...it is not. Together both of them help to make the person I am. I am better for both of them.

Karen Hagen

How do you fit your family schedule into your work/school schedule?

When we originally planned about having a family, that didn't involve a career change or that I would be back in school for 4 years. So we changed our concepts of how to make things work and my husband is a stay at home parent at this time. This has made it much more realistic to keep up with the school schedule, especially when it came to rotations. This semester has been totally erratic with some days off taking the kids to school, other days with my family in the morning and then working late, other days on campus ... we've eaten supper at 4PM, at 8PM, separate ... you name it.

What are the best moments of your week?

I am really enjoying having Sundays as a "stay at home with the family" day. At one point this semester I was involved in something every other day, so we decided we would stay home, sleep in, have a nice breakfast and hang out with each other. It was very relaxing (even if that meant shifting the grocery shopping to an evening) It was/is great.

What are the most challenging aspects of your week?

The one thing that STILL just shocks me is the stubbornness of my children. I very naively thought that children are like little adults and that by now we'd be discussing Kant or the physics of white holes or something. I never thought my conversations would go along the lines of trying to convince my son to get the jam out of the refrigerator (which last week he said he wanted to do and was angry with me when I did it) and watch him literally throw himself on the ground moaning about how tired he is and that he couldn't possibly get the jam. And then we end up leaving late to take him to *his* preschool because of this 20 minute tantrum!

What suggestions and advice do you have for future parents to help make their work and family life harmonize?

The most important thing I would tell anyone to remember is that the infant and toddler phase doesn't last forever. When you're in the middle of it you feel like things will be like this for the rest of your life, but it WILL change and it gets much, much easier with time.

The next thing I would say is get rid of your guilt. It's far too easy to feel guilty these days. With most families having two working parents (and even as the one working parent myself) it's easy to feel guilty that you don't do enough at work and at the same time don't do enough with your children. Listen to what your heart tells you and go with it! The vast majority of the time you'll know if you're doing something wrong or right. Go with it.

Lastly, try to avoid doing a professional program with kids if you can!! It's more exhausting than you would ever imagine!



Odds and Ends

What's happened since the last PQ edition?

2013 Student Pharmacist Business Plan Competition



Congratulations to
"Medicine Shoppe Relief and Recovery"
(Most Innovative Business Plan) and
"More than Medicine"
(Best Overall Business Plan)



Pharmacy Horoscopes

by Allison Mejilla, Pharmacy's Resident Miss Cleo

Sagittarius (Nov 22 - Dec 21)

Given Jupiter's position, you may find yourself struggling in lab. Just remember that guidelines are just guidelines. Go with the flow and do what feels right (and what's best for the patient too).

Tonight: Read some TOP guidelines.

Capricorn (Dec 22 - Jan 19)

With Venus and Saturn being in the same binocular field, you may notice that your bank account may be taking a hit (which may or may not be associated with the fact that it's gift-giving season). Remember what Warren Buffet told you in that Pharm 372 class, "do not have debt".

Tonight: Make sure that expenses don't exceed incomes.

Aquarius (Jan 20 - Feb 18)

Just because Melissa requested this, all of you Aquarius people will ace your finals without studying! HUZAZH!

Tonight: Sleep on your textbooks. You learn through diffusion, even though everyone incorrectly assumes osmosis (the more you know).

Pisces (Feb 19 - Mar 20)

Due to Mars being paired with Mercury, you may notice that you're having trouble getting to sleep at night because you're so worried about all of your upcoming exams. You are given the choice of a benzodiazepine or a Z-drug, and you correctly choose zopiclone. Yay for decreasing sleep latency!

Tonight: Work on that sleep hygiene and stimulus control.

Aries (Mar 21 - Apr 19)

With exam season fast approaching, you will find yourself procrastinating more and more as time passes. Try to spend less time in Covey's quadrants 3 and 4 (it doesn't matter how urgent they are, they're not important).

Tonight: Find your way into quadrant 2 where everything is important and non-urgent.

Taurus (Apr 20 - May 20)

With Earth rotating the way that it is, winter is coming. Your thoughts will wander away from schoolwork for a bit and you begin to think about your winter break plans. Take a moment to get into the holiday spirit and go grab a holiday drink from Starbucks (or your choice coffee joint).

Tonight: Build a snowman.

Gemini (May 21 - June 20)

It's cold season and all of your patients will be coming in with inappropriate antibiotic prescriptions. A patient with acute bronchitis will come in for with a prescription for amoxicillin. You – being the astute pharmacy student that you are – remember that antibiotics are not recommended for acute bronchitis. Instead, you recommend symptomatic management. Self-five!

Tonight: Bugs and Drugs 2012 is your best friend.

Cancer (June 21 - July 22)

With Venus moving 5 degrees through Orion, it is looking more and more like you will be going to a warm place (possibly only in your mind). Though your physical body may not be going to that warm place, that's where your heart is and really, that's all that matters.

Tonight: Don't forget your sun block! (Hey, sun safety is important - even in your dreams).

Leo (July 23 - Aug 22)

Considering that the Crescent Moon and Saturn are crossing paths, your integrated patient case will have a patient that has *S. pneumoniae* in their middle ear fluid. You find your DRP quickly when you see that the patient is prescribed cephalexin. DRP = inappropriate treatment. Amoxicillin for the win (and 100% for you)!

Tonight: Look at some local resistance numbers.

Virgo (Aug 23 - Sep 22)

Given that the winter solstice is nearing, you realize how much stuff you have left to do (finals, assignments, shopping...) You will think that multitasking is your best option, but you must remember that studies show that multitasking is not actually effective. Prioritize everything (instead of having that Breaking Bad marathon, try reading over RxFiles for a bit)

Tonight: Learn how to say no.

Libra (Sep 23 - Oct 22)

Due to Mars' movement through the night sky, you decide that today's a good time for a nap. Be sure to get your deep sleep for that refreshed feeling and your REM sleep to consolidate all of that studying you've been doing.

Tonight: Read both the DSM-IV and DSM-V and compare them.

Scorpio (Oct 23 - Nov 21)

With Mars and Venus putting on a show, you realize how much ID you have left to get through (there are how many lectures post-midterm??)... But instead of panicking, you decide to buckle down and hammer through. All you need to know is antibiotic stewardship (and maybe some other stuff).

Tonight: Sleep on your ID notes and hope for the best.

Contest Time: Word Search Style

by Allison Mejilla

Do you like winning stuff??? If so, answer the PQ Contest time question! To answer this edition's Contest Time question, you will need to complete the word search and with some of the remaining letters (i.e. the letters that haven't been used in the word search), you will be able to find the answer to the Contest Time question.



- CIMETIDINE
- FENOFIBRATE
- GLYBURIDE
- ISOTRETINOIN
- LEVOTHYROXINE
- LOVASTATIN
- METFORMIN
- OMEPRAZOLE
- ORLISTAT
- RAMIPRIL
- SPIRONOLACTONE
- TETRACYCLINE
- TOPIRAMATE
- VARENICLINE
- ZOPICLONE

You can give this antidepressant to a patient experiencing sexual dysfunction as an adverse effect of citalopram.



Once you have your answer, e-mail it to Allison (allison.mejilla@ualberta.ca) with the subject line "PQ – Contest" by January 18, 2014 and you have the chance to win a \$25 Starbucks gift card. Happy word searching!



Leuprolide is an LHRH analogue that can be used for the treatment of which disease?
PROSTATE CANCER

Congratulations to
Binh Nguyen
for winning the November PQ
Contest!