

ALBERTA PHARMACY STUDENTS ASSOCIATION OFFICIAL NEWSLETTER



## Pharmacist Awareness Month

## Editors' Note

by Allison Mejilla & Karen Hagen

My fellow pharmers, the school year is finally over and I'm sure that you've gained a lot of knowledge, which you will hopefully be able to retain (questionable in my case, haha)... Though it's a beautiful thing that we just have a week or so left of finals, it's bittersweet that it's our last edition of the Pharmacy Quarterly. We hope that you enjoyed reading this year's PQ as much as we enjoyed putting all of them together.

So take a breather from those books and read this last edition of the PQ (you can stand to procrastinate a little more). Along with some of regular features, we have Part 2 with Brent Horyn, a Day in the Life with Melanie Danilak, a report on Community Ed, a PAM wrap-up, and so much more!

And next year, I encourage all of you to participate in the PQ even if it involves simply writing a single article for one edition. Thank you all for reading and it's been a pleasure helping to put the PQ together!

☺ Allison

I wanted to thank you all for reading PQ this past year. It has been a pleasure to be involved in the production of this newsletter! I hope you have enjoyed the articles and features. I am in the last week of my community rotation in my 4<sup>th</sup> year ... with 2 days remaining. So for those of you in your first, second, and third year, I am living proof that you WILL make it to the end of your program, even though you have moments where it doesn't feel like you will!

Pharmacy is at an exciting time, a real crossroads. I can tell you that my community rotation was drastically different than previous year's rotations, with a very heavy emphasis on medication reviews and patient care. Over the next few years, the clinical role of community and hospital pharmacists will continue to grow and solidify. So keep your clinical skills sharp, take summer jobs that involve as many medication reviews as possible, and help lead us into the exciting and new future of pharmacy!

-\_- Karen



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## Community Education Report

by Melissa Woo

### What is Community Education?

As the current Community Education Director for 2013/2014 for the Alberta Pharmacy Students' Association (APSA), I am responsible for getting students actively involved in educating the public on important health-related topics by delivering presentations in the Community Education Program to elementary, junior high, and high schools.

### CSL Course

I am currently taking an Individual Study in Community Service Learning (CSL 480) course with Dr. Guirguis. The purpose of this course is to allow me to reflect and further understand my position on APSA as well as how CSL relates to pharmacy. My primary focus in this APSA role is to increase the awareness of pharmacy as a profession and to show how pharmacy students can already play an important role in society through health promotion and prevention.

Since it is usually first year pharmacy students who participate in the Community Education Program in order to receive two bonus marks in Pharm 334, which is instructed by Dr. Guirguis, I would like to show how valuable this program is in order to increase student involvement, especially from the upper years. I believe this can be done by evaluating how this program is perceived and to show how being engaged in these volunteering opportunities creates experiences that these first year pharmacy students can learn from. By relating to CSL initiatives, I believe students would see a greater value and be more willing to participate in the program if they can see it is worth spending time doing. As a result, they would be able to develop essential qualities as a future pharmacist by practicing their public speaking skills, establishing relationships, and connecting with their audience while the public realizes how pharmacists play an important role in educating them.

### Report Purpose and Context

The purpose of this report is to gather and reflect on student and teacher perceptions of the Community Education Program. This is a review of the teacher feedback received, which is collected yearly, and a program evaluation feedback completed by first year pharmacy students.

In the past, students were not given the chance to provide feedback on their experience of the program. However, in order to improve the program, it is essential to gather feedback from teachers as well as the students. As a result, this report will be a benchmark for continuous improvement of the Community Education Program.

### Overview of Community Education in Fall 2013-2014

First year students had delivered 39 presentations of various topics from October until February. While most of these topics were powerpoint presentations, Operation Wash-Up, Kids and Medicine, Operation Allergies, and Do Bugs Need Drugs were kits, which made them very interactive due to having hands-on activities. Operation Wash-Up was a popular choice because it was a lot of fun for the presenters and school students, especially with the hand-washing activity. The Sun Safety/Skin Cancer Awareness presentation was a new addition this year, and the volunteers enjoyed presenting on this topic very much.

Lice Awareness	1
Operation Allergies	5
Smoking: 10 Sun Safety/Skin Cancer Awareness	5
Do Bugs Need Drugs	2
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Nine presentations were delivered by second and third year students who have participated in this program as well, which included Sun Safety, Sexually Transmitted Infections, Operation Wash-Up, Pharmacy as a Profession, Kids and Medicine, and Smoking.

## Evaluation

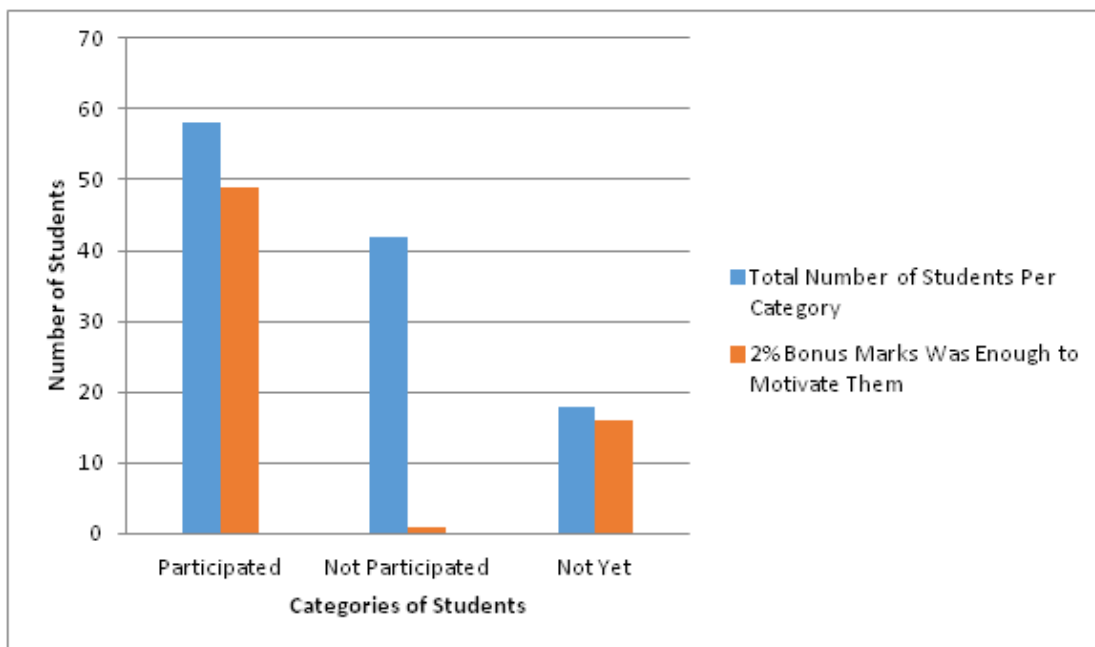


Figure 1 Student Evaluation

More than half of the students participated in this program, which showed that the 2% is enough incentive to motivate them.

For the majority of students who did not participate, 2% was not enough to motivate them. They had other priorities, time constraints and were too busy.

For those who had not participated yet, it was due to communication issues with schools. These students had not been emailing me to let me know the problems they have been experiencing.

## Teacher Evaluation

The volunteers reached over 700 students at 23 schools here in Edmonton. Based on the teacher feedback forms, there was an overall positive response to pharmacy students coming into their classes to present on a requested topic. Teachers also had many suggestions for improvements.

The school students were engaged, attentive, and asked many questions. For the most part, the pharmacy students demonstrated strong public speaking skills, such as speaking loudly, clearly,

and also used various tools, media, and language to ensure information was understood at each grade level. They were organized, knowledgeable, and tried to get as many students involved as possible.

## Reactions to Comments

Based on feedback I received from the teachers, they appreciated the volunteers coming in to present and to share their knowledge. Just like a similar trend seen yearly, those in my position as Community Education Director received more teacher requests than volunteers because the teachers see the benefit of these educational presentations for their students and society in general.

Compared to previous years, I was surprised that despite the 2% incentive, there was not as much involvement in the Community Education Program. I feel like the majority of first year students who did not participate did not fully understand the point of the program. They probably just saw it as a one-way exchange: volunteering and giving up their time to help educate others, which is why they chose not to do it due to other priorities, time constraints and were too busy. In addition, a few of those who did not participate were scared of public speaking, so these were the students who would have benefitted from partaking in this opportunity the most.

However, the students who participated felt like it was a worthwhile opportunity and learned a lot from the experience. Despite the incentive being the motivator for the majority of these students, they realized they were able to strengthen and acquire important skills as future pharmacists by participating in this program.

I would like future first year students who participate in the program to realize how beneficial it is for them as well as their audience to be engaged in this program. In order to do this, future Community Education Directors should promote the program more, such as letting the students know that it can be a lot of fun and that the schools really respond and appreciate these presentations. This will also help increase student involvement.

By discovering what the first year students listed as barriers to participating in the program as well as improvements, it was very interesting and insightful to see, and I believe this feedback is very crucial in narrowing the gap between teacher requests and volunteer resources for future years. This information would probably be relatable to second and third year pharmacy students, so this could be considered as new initiatives are started as well.

Along with Dr. Guirguis, I plan to show how this program relates and can impact our future role as pharmacists in society by overcoming identified barriers in order to increase involvement. The following are recommendations to improve the program in order to make it easier and more

convenient for students as well as for future Community Education Directors.

### Next Steps for Fall 2014

#### 1. Centralize Materials

Currently, the first years' orientation powerpoint presentation, checklist, school requests, and sign-up are on eClass. Dr. Guirguis is in charge of the sign-up on eClass. The materials for certain topics, such as powerpoints, training podcasts, documents, and requirement checklists are on myapsa.ca. The focus is to put everything on myapsa.ca to increase convenience and access for students as well as increase efficiency of the process since the Community Education Director will coordinate everything. Community Education Director will work with IT Officer to make a Google sign-up form on myapsa.ca.

#### 2. More Organized and Clear Process

It is important to make sure everything is clear and organized with how everything is set up. One of the ways to do this is by making the whole process of signing up for a presentation dummy proof by sending out reminder emails as well as having canned email responses. In addition, during the orientation presentation and for canned email responses, it is important to differentiate the roles of the Community Education Director and student.

#### 3. Community Education Director to work with First Year Class Rep

The First Year Class Rep will work closely with the Community Education Director because as a physical presence in their class, he/she will ensure classmates complete the program through reminders as well as help the Community Education Director prepare and distribute kits. This will increase efficiency and convenience for students as well as the Community Education Director.

#### 4. Routine reports, just like this one, as a benchmark to continuously improve the Community Education Program



# Pharmacist Awareness Month

by Leah Hodgins

Pharmacist Awareness Month has officially wrapped up at the University of Alberta! The PAM Committee and our local council have been hard at work for months planning various events and activities to take place throughout March.



Hot Chocolate, mug sleeves and pins – Photo credit to Leah Hodgins

PAM started off on March 1<sup>st</sup> with our annual Blue and Gold Gala. The punch competition was one of the best we have seen with many of the skits professing a love for pharmacy, Alberta's expanded scope, and the fact that our Faculty is 100 years old!

March 3<sup>rd</sup> was an exciting day as we welcomed the American Pharmacist's Association CEO, Tom Menighan, to our university to speak to our students and faculty. Many students had the opportunity to speak with him in small groups and ask questions in regards to international pharmacy, how to amp up our advocacy efforts, and how we can take advantage of the constant change that is happening in Pharmacy at both a national and local level.

By moving from Pharmacist Awareness Week to Pharmacist Awareness Month, we had the flexibility to expand and grow our advocacy efforts! We held a

student-led Hypertension Clinic off campus targeting the public. We took blood pressures for individuals walking by and provided information on why it is important to monitor your blood pressure and how you can prevent cardiovascular disease. Later in the month we also hosted a Diabetes and Metabolism Clinic. There were students using a machine to do a body composition analysis and then another section where we were testing individual's blood glucose levels and providing information on diabetes prevention. These clinics allowed us to reach out to hundreds of individuals in the public and we even made the evening news!

As it is Pharmacist Awareness Month, we wanted to target Science undergrad students who may be interested in applying for our Faculty. So to do this, we set up in one of the science buildings and handed out hot chocolate with labels on them saying "Did you know your pharmacist can..." and listed various points. We also handed out coffee sleeves that we designed to promote pharmacy.



Photo credit to Dan Burton

As a wrap up to PAM, we hosted a Pharmacy Mixer where we had over 100 pharmacists and students gather together for an evening of networking and mingling. It was a huge success and the perfect way to end an excellent month!



## The Social Media Challenge Winners

After a month of #UAlbertaPAM submissions and much debate, the winners were finally announced.

*The most creative picture incorporating the PAM Button – Tiffany Tse (2017)*





*The best picture advocating for our profession – Alysha Hemraj (2015)*



*The best picture with a guest speaker or a faculty member – Luanne Lerner (2015)*





## A Day in the Life - Part two

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

In the last issue of PQ we had the opportunity to interview Brent Horyn, a clinical pharmacist on the neurosurgery unit at the Royal Alexandra Hospital. He shared with us what his typical day looks like and some of his unique approaches to patient care. Now we conclude the interview with a discussion about Advanced Prescribing Authority.

**KH** You've had your Additional Prescribing Authority for several years now, what difference does it make in your practice? What influenced you to go APA?

**BH** I decided to get my APA license from the College for several reasons. First, some of my peers whom I greatly respect received their APA and in doing so became role models for me. Second, no one really knows what the ACP might do-they could for example change the application requirements for APA. So I thought about the fact that I had everything I needed in my practice to submit a successful application and wouldn't I regret it if the goalposts moved making it difficult for me to apply and qualify? You'll note prescribing wasn't in my top two reasons for getting APA. That's because I had a collaborative practice for well over a decade where I could get virtually everything I wanted implemented. I could even write an order under an attending physician as a verbal order and he would co-sign it later. That's just how we got things done before APA existed. Some pharmacists have decided to forgo APA because they have a similar collaborative practice setting and the *status quo* suits them just fine.

But I couldn't stay put. My perspective was, the ACP accomplished a successful expansion to our scope of practice so wasn't it up to frontline pharmacists like myself to take advantage of this ground-breaking advancement? It didn't seem right to remain passive and not venture into a now-available prescribing practice. Last, there are real advantages to prescribing under your own name. Your prescribing is no longer tied to your employment or employer. You can prescribe anywhere in Alberta for anyone if you follow the regulations. The difference now in my practice is

that I no longer have to lead the physicians to all the orders I've written under their name, explain the orders and have them co-sign them to complete the legal circle. That's all history. I no longer have to tell patients what I hope to get the doctor to order. Instead, I tell the patient what they *will* get because I'll be prescribing it. I also have the freedom to provide discharge prescriptions which can facilitate timely discharges. Nurses all know that pharmacists are prescribers now, so when they need something they often bypass the MD's entirely- we're so much more accessible- and approach us to order medications. There have been several studies of Alberta pharmacists with APA and when I've participated in them the authors have been surprised when they ask how many prescriptions I write and I answer sometimes 60 in a day. But I'm not alone. I'm very busy and so are my hospital peers.



Neurosurgeon Dr. Richard Fox [left] with clinical pharmacist Brent Horyn.

**KH** What advice would you give students when they consider whether to apply for APA?

BH That is a great question. My answer is very specific to the Alberta model of APA because with the exception of New Mexico, USA<sup>1</sup> where they can prescribe opioids and controlled substances, no other jurisdiction has implemented APA as comprehensively as Alberta. The Alberta APA legislation, regulations and execution are second to none in Canada. We got it right. We didn't restrict our activities to defined conditions/diagnoses or to collaborative-only settings. We allowed prescribing on the request of another regulated health professional and we stated our own competence would be the only defined limitation on which federal *Prescription Drug List* drugs we could prescribe. The other provinces have only piecemeal prescribing compared to Alberta. And I said exactly that to Greg Eberhart when I last spoke with him in January 2014 at the White Coat Ceremony.

With that preamble, my answer is that in Alberta pharmacists and students should consider APA the *de facto* scope of practice for pharmacists. It shouldn't be considered expanded scope; non-APA practice rather, should be considered partial-scope of practice. Do you get the nuance, do you see the difference? Our MLA's [representing the public] have legislated this full scope of practice and the Alberta College of Pharmacists [protecting the public] has regulated the full scope of practice. So the student considering APA should look at it this way: you detect and define a drug-related problem, perhaps the patient has an untreated condition. You know the patient, you set out your alternatives, you make your recommendation and you know what to monitor if your medication gets prescribed. But then what? The old way, the non-Alberta way, the partial-scope-of-practice-way, you hand off this last step- *initiation of medication therapy*- to someone else, after you've done all the intellectual work, and wait to see if it's implemented. But you already know it's in the patient's best interest, so why be content with this old approach to patient care? My perspective is that the last step, prescribing, should have never been excluded from our scope of practice because it actually doesn't make sense. It really doesn't. I had a student who worked up one of our surgical patients for essential hypertension. He knew the patient, knew the CHEP guidelines, charted his evidence-based

recommendations and then I asked him, "if you had your degree, why shouldn't you be the one performing the last step, prescribing what you believe your patient should receive?" And then it hit him. The same point I'm making in this answer; that "hand-off" to someone else doesn't make sense and never has. We're just used to it but with our training we've always been competent to complete the care cycle by prescribing what the patient needs- and now our laws and regulations validate and confirm that. Prescribing is included in our scope of practice, period. It's no longer a final step that we must hand off. So I say don't hand it off. Alberta's laws have caught up to match our competence, our abilities, our expertise, our natural role. Students, embrace this development. You won't use your pen when you're unsure and no one can force you to prescribe. But when you *do* know what your patient needs, society has said you're now authorized to fulfill that need. And prescribe. If all new pharmacists get their APA and practice with their APA, we will change what our *de facto* scope of practice is. And as a profession we will arrive where we should have been all along.

KH Do you have any practical tips for prescribing?

BH A few come to mind right away. Get your own personalized prescription pad and use it. And prescribe like a pharmacist.

KH What do you mean "prescribe like a pharmacist"?

BH For ages we were always on the receiving side of prescriptions. So we've seen every mistake, ambiguity, omission, illegibility, incorrect dose, impossible dose, misspelled drug, interacting drug, non-existent drug, allergy to prescribed drug-need I go on?- that traditional prescribers have been able to scribble. But pharmacists are now on both sides of prescriptions- receiving and creating them. So our prescriptions should be pristine and clinically comprehensive. Write the product clearly. Quantify your *Mitte*. Don't write 1 month, write 30 doses if that's what you want. Include the diagnosis or indication, serum creatinine or any other relevant clinical parameter. State who's following up- you or another prescriber? Be clear about refills. Have you counselled the patient? Say so. Quite simply give the receiving pharmacist what you'd want to

receive. If a dispensing pharmacist has to call a prescribing pharmacist about their script, it wasn't written with excellence. Prescribe like a pharmacist.

KH What other professional issues are you passionate about?

BH Teaching and mentoring, Karen. Over the years I've precepted numerous 4<sup>th</sup> year students and pharmacy residents. Many of my peers at the RAH have done the same but I've been open to more informal arrangements as well. I even had a high school student job-shadow me and she actually went on to become a pharmacist! I have also been involved on the administrative and mentoring sides of the Faculty of Pharmacy's Mentorship Program for 3<sup>rd</sup> year students. This is a great program. The 3<sup>rd</sup> year protégés get matched to mentors who are practicing pharmacists and several events are held at the Faculty. Protégés get to meet other mentors not just the one they're paired with at one of these events. There is no other arrangement that allows such learning, engagement and networking between students still deep in their studies and pharmacists already in their practice. And the mentors are eager and willing to share their professional and career experiences with their protégés. Every protégé I've had has job-shadowed me, some on repeat occasions and I've even been job-shadowed by protégés that weren't formally paired up with me. It's just how the networking works. In Part 1 of this interview I described my practice in detail- maybe someone reading this now will spend a day or two with me just as others have in the past. I'm open to anyone who asks.

As for teaching, I've given CE lectures to Alberta pharmacists on pain related topics and provided similar talks to pharmacy residents and even AHS staff pharmacists. Along with my surgery pharmacist peers I give presentations to medical interns starting their surgery rotations. I tell them what I think they need to know about clinical pharmacy practice as they start their hospital service. It shouldn't surprise students that many other disciplines are eager to learn from us. In

keeping with that I've given presentations to Alberta's nurse practitioners at their annual conference. I encourage students to share their expertise with others when they get into practice.

KH Thank you Brent! That was both encouraging and informative. I will definitely take "Prescribe like a Pharmacist" to heart ... when (not if) I get my APA.

ACP# 4840

**Brent Horyn B.Sc.Pharm. ACPR**  
Clinical Pharmacist - Authorized Prescriber  
Alberta College of Pharmacists  
Edmonton, AB T6V 1X5

Tel: (780) 000-0000

Name.....  
Address.....  
Date.....

SECURITY FEATURES ON BACK

Rx

Signature \_\_\_\_\_ B.Sc.Pharm.

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RXS20110718-142217-24C

**Brent's prescription pad for discharge prescriptions. The majority of his daily prescriptions are written on chart orders.**

## References

<sup>1</sup>Provision of pain management by a pharmacist with prescribing authority. Dole EJ, Murawski MM, Adolphe AB, Aragon FD, Hochstadt B. Am J Health Syst Pharm. 2007 Jan 1;64(1):85-9.



# A Day in the Life - Melanie Danilak

by Melanie Danilak BSc. Pharm, ACPR, Pharmacy Clinical Educator, Cross Cancer Institute

When I graduated from pharmacy school in 2004, I certainly did not imagine myself in my current role. Actually, I didn't even know that a job like mine existed.

I began my career as a pharmacist working as a relief pharmacist for a large chain. After a year, I was settled into a home store. While I loved my staff and the opportunity to develop relationships with my patients over time, after a couple of years I found myself wanting more out of my career. I wanted opportunity for advancement but was not interested in becoming the pharmacy manager so I began to explore other opportunities. I remember very clearly the discussion I had with my husband one evening. I was telling him about pharmacy residency programs and he asked why I had never applied to one.

"Oh, I would never get in", I replied.

"How do you know that if you don't try", he countered.

And I realized that he was right. A few months later, I was successful in obtaining a position in the Alberta Cancer Board residency program and feel like I have been on a career high ever since.

My current role as pharmacy educator allows me to work in two areas I am passionate about: oncology and pharmacy education. I have one day per week dedicated to my clinical practice in breast cancer. Along with a nurse practitioner, I see patients in the early breast cancer setting to prescribe and monitor oral endocrine therapies.

The remainder of my time as clinical educator is largely spent running the residency program at the Cross Cancer Institute. As a residency co-ordinator, I work closely with the other co-ordinators and director of the Alberta program and with the resident and preceptors based out of the Cross Cancer Institute site. I also act as a residency preceptor myself and am often involved in residency research projects. In addition to residents, I am also involved with pharmacy students as the CCI site co-ordinator and guest lecturer for the Pharmacy 467 oncology course. Being involved with pharmacy learners, both in the undergraduate and graduate settings, is one of the most rewarding parts of my job. The energy and enthusiasm that students and residents have for their profession is contagious and refreshing.

Finally, I also work closely with my educator colleague in Southern Alberta to develop and implement educational activities and resources for staff oncology pharmacists. Cancer care is a specialized area of pharmacy that requires a significant amount of learning above and beyond what is taught in university. Oncology research is exploding and there are constantly new drugs coming onto the market. This is definitely an exciting time to be a pharmacist working in oncology!

My advice to all of you students? The possibilities out there for you are truly endless. You don't have to be the smartest in your class to have a rewarding pharmacy career. Just get out there, apply for opportunities, meet people and don't quit until you find the job you love. Trust me, it's worth it.



Cross Cancer Institute Breast Endocrine Clinic with Melanie Danilak (left) and Nurse Practitioner Ann Vlahadamis (right).

## Odds and Ends

### Curling Funspiel



Photo credit to the Yearbook Editors

### PAM Alumni Hockey Game







Photo credit to the Yearbook Editors



## CSHP Banff Seminar



*Photo credit to Heidi Banasch and June Chen*

## Pharmacy Talent Show

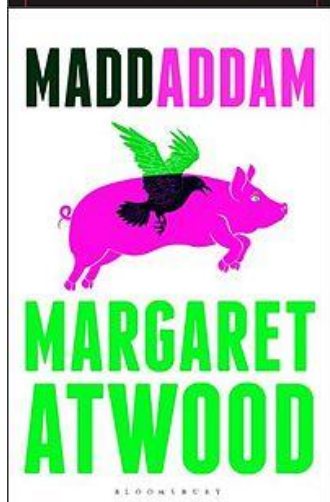
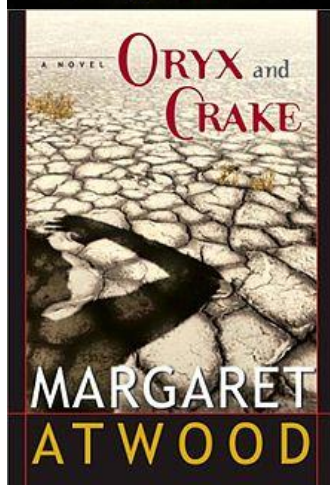
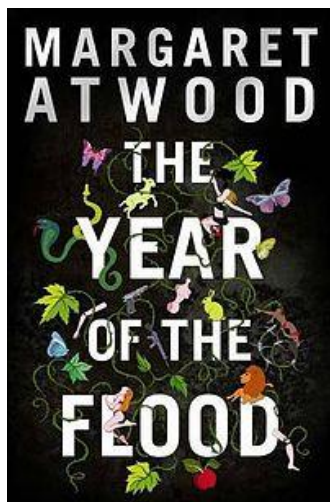


*Photo credit to Daniel Zhou*



# Art Scene

by Karen Hagen



The Year of the Flood, Oryx and Crake, and MaddAddam, by Margaret Atwood

Margaret Atwood is a Canadian literary icon, who has written numerous thought-provoking and fascinating stories in her career. At the age of 74 she has just released her third book of the Oryx and Crake Trilogy.

In this story, Atwood describes a civilization at the cusp of self-destruction, a culture that is narcissistic and shallow to an extreme degree. A world full of danger, corporate espionage, technological prowess and bioengineering.

Yet something happens that reduces humanity to nearly absolute zero. Only a few scattered survivors are left to pick up the pieces and make a few future, as well as put the story of the past together.

Atwood slowly reveals the story of the events leading up to the “flood” through the three books, interspersing it with the stories of the survivors. The connections between the characters’ lives before the flood also makes a fascinating subplot.

Atwood’s looks into the future in the same way that good science fiction does, in a realistic and level-headed manner. Yet what makes these books so fascinating is Atwood’s subtle critique of our self-obsessed culture (#selfie, anyone?) as well as our ability to worship at the shrine of consumerism, though her

presentation of this dystopian, yet not so impossible future.

It’s striking that Atwood is able to write such groundbreaking fiction and so effectively see into (and through) today’s culture in her 70s. She does not shy away from topics such as sexuality, murder or betrayal in any of her literature, and this has remained the same for this trilogy.

What I find interesting about Ms. Atwood is that she didn’t attend school until the age of 8, and spent most of her early childhood in the backwoods of Ontario and Quebec. She was a voracious reader as a child, and I can only imagine that such an unusual and unstructured childhood –fortunately for us - allowed her to become someone who is able to “think outside the box”.

I am happy that Ms. Atwood is still writing, and I would highly recommend this recent trilogy of hers!



## Pharmacy Horoscopes

by Allison Mejilla, Pharmacy's Resident Miss Cleo

### Taurus (Apr 20 - May 20)

Your APA pharmacist has noticed that you have been fatigued from all of that studying that you've been doing. The pharmacist prescribes a continuous infusion of coffee over 2h for 7d.

**Tonight:** MORE STUDYING!!!

### Gemini (May 21 - June 20)

Your House marathon has gone on far longer than you had anticipated and you're worried about how much studying you have left to do. Don't worry, House counts as studying because everyone has Lupus. Treat them as such.

**Tonight:** Read up on Lupus.

### Cancer (June 21 - July 22)

If you make a wish over the next 22 minutes, it may or may not come true depending on the location of Orion's Belt and your mental state at this time.

**Tonight:** Be happy!

### Leo (July 23 - Aug 22)

COFFEE COFFEE COFFEE COFFEE COFFEE COFFEE food food NAP  
food food COFFEE COFFEE COFFEE COFFEE COFFEE COFFEE

**Tonight:** INSOMNIA!!!!

### Virgo (Aug 23 - Sep 22)

With the North Star shining brightly, it is indicative that you have an exam on Monday. Being the model pharmacy student that you are, you decide to skip that episode of Game of Thrones on Sunday night. Be prepared to plug your ears to avoid spoilers.

**Tonight:** Rush home after the exam and catch up on TV.

### Libra (Sep 23 - Oct 22)

As Jupiter and Venus cross paths, you find that you are simply burnt out from the endless amount of reading and have most likely developed carpal tunnel. Considering that you took PHARM 427 at some point during your education, you decide that NSAIDs will suffice for now and are more conscientious about ergonomic hygiene.

**Tonight:** Wrap yourself in a snuggly and enjoy some wine

### Scorpio (Oct 23 - Nov 21)

Given the show that Venus is putting on in the night sky, you decide that it is time to put your cell phone and any device that has access to the Internet in a locked container. Let the studying commence!

**Tonight:** Sleepy sleeps time.

### Sagittarius (Nov 22 - Dec 21)

Given the trajectory of Titan around Saturn, you are consulted by your colleague about the risk of transmission from needle stick exposures. Lucky for you, you just had a lecture regarding blood and body fluid exposure protocol. You will dazzle your colleague with all of your knowledge.

**Tonight:** 70% of needle stick injuries are preventable! Just try to avoid over-excited people holding an exposed needle.

### Capricorn (Dec 22 - Jan 19)

As the moon and Mercury put on a spectacle for the citizens of Earth, ish hits the fan now that the media has gotten a hold of information that emergency contraception may not be as effective for patients that weigh greater than 80 kg. Considering that you are an empathetic pharmacy student, you ease your patient's concerns and advise them about alternatives.

**Tonight:** Learn more about your CHCs and the NuvaRing.

### Aquarius (Jan 20 - Feb 18)

We are now nearing the end of the semester and you find your heart beating more rapidly than normal. After using your excellent pharmacy skills (and realizing what is within your scope), you determine that you are having anxiety about finals and don't need that beta-blocker after all...Take a breather and remember, grades don't matter ;)

**Tonight:** Try some relaxation breathing.

### Pisces (Feb 19 - Mar 20)

Due to Mars' orbit around the Sun, you realize that it's time to start studying for finals. You consider starting to read the Harry Potter series instead of studying, but then remember Covey's 2nd habit. It is important to begin with an end in mind. If you start reading HP, the end is most likely a poor pharmacy school outcome.

**Tonight:** Put Harry down and pick up Therapeutic Choices.

### Aries (Mar 21 - Apr 19)

With the end of the fourth month fast approaching, your mind will begin to wander to that lovely trip you have planned to that sunny place.

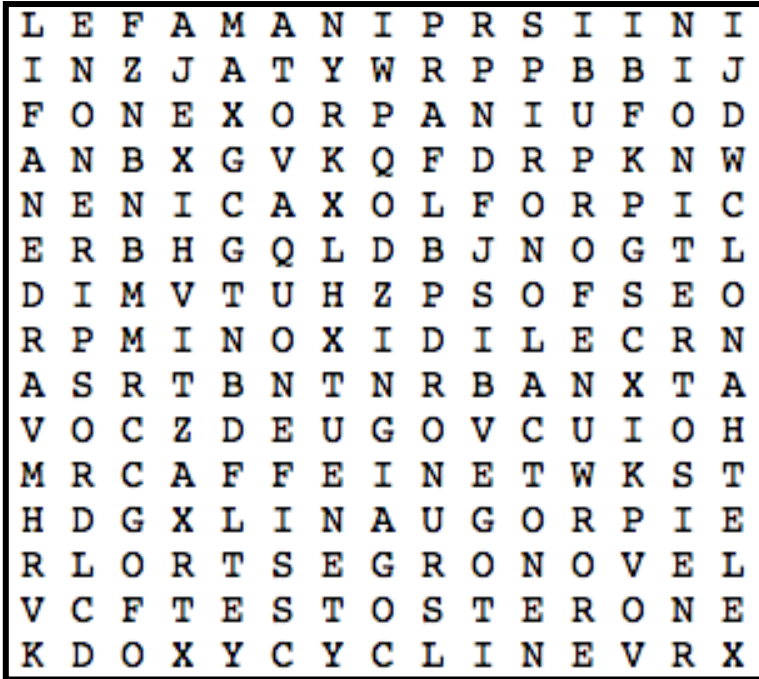
**Tonight:** Sun safety first! SPF it up!



## Puzzle Time for Funsies!

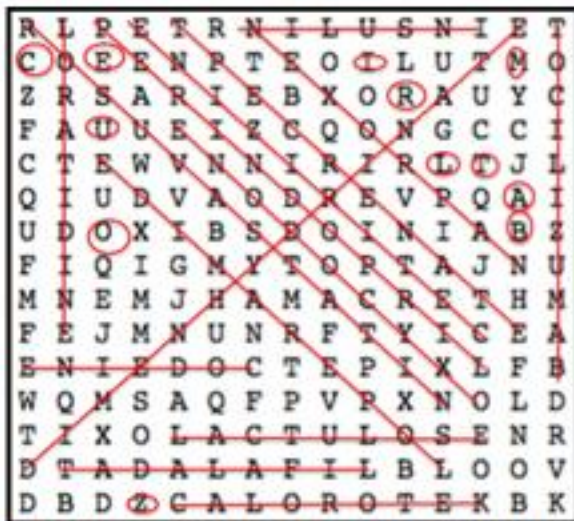
by Allison Mejilla

Y'all know the drill. Do the word search to find the hidden answer to the question below, but this time, this puzzle is for funsies! I'm guessing a decent number of you will be able to solve the question without doing the crossword, but why not have some fun! Have at 'er boys and girls!



- ATOVAQUONE
- CAFFEINE
- CIPROFLOXACIN
- DOXYCYCLINE
- DROSPIRENONE
- ETHANOL
- IBUPROFEN
- ISOTRETINOIN
- LEVONORGESTROL
- MINOXIDIL
- NAPROXEN
- PROGUANIL
- SPIRONOLACTONE
- TESTOSTERONE
- VARDENAFIL

This drug is the "mother of all inducers"



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

**CERTOLIZUMAB**

Congratulations to  
**Damen Derksen**

for winning the February/March  
PQ Contest!

RIFAMPIN  
Answer to the Puzzle question:  
This drug is the "mother of all inducers"