

CHAMPIONS!



SOPhS President's Message

I can't believe it is already that time of year, where I am submitting my final newsletter submission for the winter term. At pharmacy school, time really does fly and I am sure the fourth years are thinking that very same thing as they are getting ready to embark on their grad trip at the end of the month and head into that final semester of classes.

I want to take this time to highlight the SOPhS election process that will be occurring within the first couple of weeks into the spring term. Hopefully during your break between terms you will take some time to consider applying or running for a position on SOPhS. I am going to outline the positions that are available in the upcoming election and I ask you to stay tuned to your SOPhS updates for more details over the next month.

All positions on SOPhS will be available in the up-coming election, as everyone holds their seat for one term except: Senior financial, Junior and Senior CAPSI representatives, OPA representative, PIC representative, curriculum committee representative, and admissions representative. Some positions on council are only available for certain classes to apply and others are open to anyone in any year. In addition, some positions will require you to submit an application to council and others will require running in an election process.

Application Positions Include: Communications Director, Marketing Director, Graduation Chair and Recruitment Director (only Rx2012 can apply to both of these), Yearbook editor, and Inter-professional Representative.

Election Positions Include: President-Elect and Vice President-Elect (only available to Rx 2014), Junior Finance Director (Rx 2014 or Rx2013), Executive Secretary, Class representatives (Rx 2012, Rx2013, Rx 2014), Class Social Representative, Class Athletic Representatives, OB-CSHP-Elect, OPRA-Elect (Rx2013 only), Federation of Students Representative, and Member at Large.

There are a lot of positions on council to fill this year and some newly created positions that are looking for their first ever representative. Please do not hesitate to contact myself or any of the council members currently holding these positions to find out more information. I would strongly encourage you to consider applying or running in an election for a position on SOPhS. It is a great way to positively impact your school and the profession of pharmacy.

Good luck to everyone in the upcoming exam period and the class of 2012 as you are wrapping up your co-op placements. Have a safe break in between terms and I am looking forward to seeing you all in the spring term.

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Kaitlin Bynkoski
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Communications Update

First of all I'd like to congratulate our OPA Cup Hockey Team for bringing the cup back where it belongs. I'd also like to thank everyone for a great term. IPFC has been a little crazy but we're almost there!

I wanted to let everyone know that I'll be posting a set of guidelines for submitting articles to both the newsletter and updates so that people who would like to send something in have an idea of what it should look like. Also, if you aren't sure of the expectations for submitting something please read these pages before submitting. The guidelines will be available in the communications section of the SOPhS website at the following link:

<http://www.sophs.uwaterloo.ca>

I also wanted to let you know that updates will continue as usual through exams and the break between terms so continue to send in submissions during this time.

Thanks to all who contributed to this issue and thanks for reading! Good luck on the rest of your exams and have a great break between terms!

Dave Hughes

SOPhS Communications Director

OPSIS: The beginning of something great!



Ontario Pharmacy Student Integrative Summit

This past weekend, I had the privilege of facilitating the inaugural Ontario Student Conference. Along with our Vice President Robyn McArthur, and the President and Vice President of the University of Toronto Undergraduate Pharmacy Society, David Yam and Bryan Falcioni, together we were able to plan a conference to celebrate student leaders in both of our schools and work on a collaborative front. Four representatives were selected based on application criteria from each of the pharmacy classes at both schools. The University of Waterloo Delegates were as follows:

Rx 2014 - Sarah Johnson, Jessica Karam, Victor Tsang, and Leonard Chan

Rx2013 - Julian Ellis, Nick Malian, Jamie Rafuse, and Chelsea Barr

Rx2012 - Stacey D'Angelo, Jillian Grocholsky, Dianna Sabbah, & Saurabh Patel

Rx2011 - John Thai, Angela Puim, Tiffany Niro, & Heather Foley

The above group of student participants were exemplary and are an excellent representation of the student leaders we are fostering at the University of Waterloo School of Pharmacy. I had never been so proud to watch our students networking and interacting with the University of Toronto participants, and displaying their therapeutic, evidence based medicine, drug information, and resource

gathering skills, not to mention the communication and presentation skills that were displayed throughout the conference.

This initiation of this conference was just the beginning of developing an ongoing relationship with the University of Toronto pharmacy students. In future years, we hope to expand the conference to invite more student participants and extend the conference by an extra day. With the profession of pharmacy going through many changes, it is more important now than ever, for student leaders to work together, implement new ideas, and be the change. OPSIS will continue to serve as an environment for student leaders to engage in conversation about moving the profession forward and inspire one another to continue to make a difference in the profession.!

Thank you to my OPSIS committee partners and the delegates! I am looking forward to expanding the conference and engage for students in the future years ahead.

Kaitlin Bynkoski



OPSIS

A Student's Perspective

This past weekend I had the pleasure to attend the very first Ontario Pharmacy Student Integrative Summit.

The weekend was a fantastic opportunity to meet and integrate with various students from the UofT School of Pharmacy. The social interaction was a great way to bridge both schools together. The weekend was not about rivalry but focused on camaraderie. It was very interesting to have Waterloo and UofT students working together on case studies because we all had a slightly different perspective. The end result was a great learning opportunity for everyone.

I think at school, we focus very much on inter-professional collaboration but we sometimes forget the importance of INTRA-professional collaboration. I highly recommend this conference to all students because I think that in order for our profession to move forward, pharmacists need to learn to work together because patient care is our unified goal. This conference is definitely a great step in that direction!

Julian Ellis

Messages From SOPhS Council

Vice President

Wow! The semester is almost over... and it has gone by just fast enough. The start of IPFC for second years has been a challenge, but we all know that people have endured worse. SOPhS has churned out some great activities that I am so happy to be a part of and help organize. As we move from a successful pharmacy bonspiel and into a pub crawl and the first ever leadership symposium, OPSIS, I have decided to give some honourable mentions to some students.

Jaskiran Otal - You broke your finger and have that giant horrible cast but you are still working away!

Jamie Rafuse - I cannot believe you are running for another position, A+ for extracurricular dedication!

Claire Ishoy - Your curling skills are very impressive.

John Thai - For always making me laugh just when I need it.

Julian Ellis - You have some tough competition, but you still manage to out-question the rest of the class.

Heather Foley - Thank you for being there to catch me when I fall... on camera.

Robyn McArthur

Graduation Committee

Graduation photos will be taking place sometime in May. You will be able to sign-up for photo times during the first week of May. We owe Emily a huge thank you for coordinating and scheduling these photos. Make sure to use sunscreen on your face in Mexico; we don't want any peeling, red faces in our graduation composite.

Fourth year students, this is a reminder of the Shopper's Drug Mart Recruitment Event in the evening on Thursday, April 7th.

Please let me know if you have any questions, concerns or suggestions by emailing angelapuim@gmail.com.

Angela Puim

Social Director

Hey Everyone,

I just wanted to thank everyone who attended the first annual pub crawl "Pubscription". I hope everyone had a great time and hopefully this becomes a yearly tradition since it was a huge success. I want to thank Brittany We-

ber, Angela Puim, Kaitlin Bynkoski, Andrew Kwong, Chelsea Barr, Rebecca Stutchbury, Adam Hammoud and Mat DeMarco, you were an amazing help and without you this event would not have been possible. Finally congratulations to Akiko Ebata who won the iPad2 as well as Pawel Przeracki, Julie Hill, Faiza Ahmad and Lisa Tourountzas who also won some prizes that evening. The pub crawl signified the end of yet another semester. Stay tuned for more amazing events coming up this spring! Good luck with exams!

Tiffany Niro

Rx2011 Class Representative

As we all know, this is a very special year for the vanguard class. Firstly we have just finished and survived the initial 4 months of our final 8 month term. So for that, I just wanted to congratulate everyone! Secondly, some of us are in the midst of preparing for the class trip. People are going to the gym more often, going to tanning salons, and getting vaccinated. As I know some of you aren't coming on the grad trip and have plans of your own, I wish you all the best and please take lots of pictures. Finally, I just wanted to thank everyone for their patience with everything this term. We have had some bumps along the way such as clinical capstone and the high stakes OSCEs, but everyone has been great in providing good feedback in order to make things a little easier on the rest of us. Let's try to enjoy these last 4 months as this is the end for most of us.

John Thai

CSHP Student Representative

The membership drive was a great success! Thank you all for coming out and informing yourselves on a great organization.

Just a reminder, student membership applications begin now!! If you sign up in April, the yearly membership fee of \$61.25 that is supposed to cover you from July-June, will give you an additional 3 months membership from April-July FREE!

There is no better time to join CSHP than today!

For the interactive CSHP Membership form please see the link below:

http://www.csHP.ca/membership/CSHP_Membership_Form_11_2012.pdf

Look out for the CSHP Mid-Year Council Meeting Update to go out next week in the SOPhS Update!

Julian Ellis

OP SIS Pictures



Key Note Speaker:

Olavo Fernandes - RPh, BScPhm, ACPR, PharmD, FCSHP, with Dave Yam & Kaitlin Bynkoski

Olavo Fernandes is Director of Pharmacy - Clinical, University Health Network. He is also Assistant Professor with the Division of Pharmacy Practice at the Leslie Dan Faculty of Pharmacy, University of Toronto.

Olavo completed a BScPhm and PharmD at the University of Toronto and a Residency in Hospital Pharmacy at the University Health Network. Olavo is an active member of CSHP, currently serving as Ontario Branch Delegate and the National Educational Services Committee. He is also an active member of the National Faculty of 'Safer Health Care Now!' and Adjunct Faculty Member with the Centre for Patient Safety at the University of Toronto.

Is Ibuprofen Superior to Acetaminophen in the Treatment of Pediatric Fever?

By: Saurabh Patel - Rx2012

Clinical scenario:

You are working in a community pharmacy where you encounter a very distressed Ms. Pedfever requesting your assistance in selecting a medication for her 3-year old son with fever of 38.8°C (via rectal route) & no other symptoms. What would you recommend?

Evidence:

Randomized controlled trial (RCT)¹:

Paracetamol & Ibuprofen for the treatment of fever in children: **the PITCH trial**

- RCT comparing ibuprofen 10mg/kg q6-8 hours (max: 3 doses in 24 hours), acetaminophen 15mg/kg q4-6hours (max: 4 doses), or combination of acetaminophen & ibuprofen

- Strengths:** Randomized, Triple blinded, allocation concealed, head-to-head & good primary outcomes

- Weakness:** small population

- Inclusion criteria: 156 children 6 months – 6 years old with fever between 37.8 & 41°C

- Outcomes: (SS = statistically significant; NS = non-significant)

Efficacy:

Primary outcomes:

- Additional time without fever in first 4 hours: combination superior to acetaminophen by ~1 hour and as good as ibuprofen (SS)
- fever-associated discomfort at 48-hours: no reduction in discomfort or other fever-associated symptoms (sample size and power too small to detect a difference) (NS)

Secondary outcomes:

- Combination and ibuprofen cleared fever faster than acetaminophen (SS)
- Combination reduced fever in first 24 hours by ~4 hours compared to acetaminophen and by ~2 hours compared to ibuprofen (SS)

- Safety:** Overdosing of medications reported in 33 (21%) children

Authors' conclusion:

- Ibuprofen **superior** to acetaminophen

- Combination superior to acetaminophen and ibuprofen (in few secondary outcomes) WITH higher risk of overdosing due to complex administration

Two meta-analysis comparing ibuprofen vs acetaminophen in pediatric fever:

Meta-analysis #1²:

- ~1100 children <18 years old, 10 RCTs: ibuprofen 5-10 mg/kg vs acetaminophen 10-15 mg/kg

- Ibuprofen **superior** to acetaminophen in fever reduction at 4 & 6 hour (particularly dose: Ibuprofen 10mg/kg), NNT ~ 7

- Safety profile for both drugs is similar

Meta-analysis #2³:

- 30 studies, 7 RCTs, children < 18 years old: ibuprofen 5-10 mg/kg vs acetaminophen 10-15 mg/kg

- Ibuprofen **as good & may be superior** to acetaminophen in fever reduction by 4 hrs after administration, NNT ~4

Counseling check-list:

Signs & symptoms		Discuss goals of treatment and ESC of the chosen medication	Calculate dose based on weight (IBU: 10mg/kg; ACET: q6h 15mg/kg)*	
Method used to measure temperature			Frequency of administration (IBU: q8h; ACET: q6h)* & discuss maximum dose	
Age & weight			Show how to obtain & administer medication using syringe	
Medical conditions			What to do if dose is missed	
Medications			Storage of medication	
Allergies			When to refer to physician (usually fever >3 days)	
Food & fluid intake			Keep diary of child behaviour/temperature measurements for MD	
Age & recommended technique: Birth to 2 years: 1 st rectum, 2 nd armpit Between 2 and 5 years: 1 st rectum, 2 nd armpit Older than 5 years: 1 st mouth, 2 nd ear, armpit			Method and normal temperature range: Rectum: 36.6°C to 38°C Mouth: 35.5°C to 37.5°C Armpit: 34.7°C to 37.3°C Ear: 35.8°C to 38°C	

*note: to avoid confusion and possibility of overdosing, keep dose and frequency of administration simple

References:

- British Medical Journal 2008; 337: a1302
- Archives of Pediatrics and Adolescent Medicine 2004; 158: 521-526
- The Annals of Pharmacotherapy 2010; 44: 489-506
- <http://www.acfp.ca/docs10/Paediatric%20Fever%20TFP.pdf>
- <http://www.caringforkids.cps.ca/whensick/Fever.htm>

- Ibuprofen & acetaminophen are equally safe

Other considerations^{4,5}:

- Goal of fever reduction: comfort to child (& perhaps parents)

- Adverse events of ibuprofen compared to acetaminophen: no increased risk of asthma, Reye syndrome, GI & renal side effects, & systemic reactions.

- Canadian Paediatric Society advises to give ibuprofen only if child is reasonably well hydrated

Clinical bottom-line:

Ibuprofen is **superior** for fever reduction with no increased risk of adverse events compared to acetaminophen at recommended dose. However, involve the caregiver in the decision-making process through discussion of **efficacy**, **safety**, and **cost/convenience** of the medications. Furthermore, recognize that acetaminophen is still a suitable option for pediatric fever, especially if parents already have acetaminophen at home.

OPA Student Cup 2011



Curling Bonspiel

The University of Waterloo's School of Pharmacy took to the ice on Saturday, March 26th, 2011. A packed house of eager students were ready to jump on the ice for the first annual Pharmacy Curling Bonspiel. After a quick lesson on the basics of a toss and sweeping, the tournament began and no second chances were given. Newly-discovered curling prodigies Marc Wilson, Austen Finlay, Andrew Wagner and Peter Delanghe were undefeated throughout the tournament to grab the first championship title. Many hysterical falls and strategic button shots made the event memorable and a must-have for the years to come.



Co-op Chronicle

Co-op Experience: First Placement

Field: Industry

Location: Septodont Novocol Pharmaceutical Division, Cambridge, Ontario.

This past co-op term I had the opportunity to work at Septodont Novocol Pharmaceutical Division of Canada in Cambridge, Ontario. Septodont is a leading pharmaceutical company that supplies dental products around the world. They manufacture local anaesthetic cartridges at the Cambridge facility, and also produce other products including hand cream. I had many different responsibilities within the company that spanned from formulation development to quality assurance. My co-op experience was out of the norm, but I still had the opportunity to develop many skills that I will take with me when I practice as a pharmacist.

My first task on the job was a review of literature and quality assurance on microbial integrity of the anaesthetic cartridges made in Cambridge. The company must use validated methods to prove that the product is sterile and is safe for injection, although ensuring sterility is just a small part to maintain compliance with regulations. At the end of the project, I wrote a report and presented my findings to the Vice President of Quality Assurance. While this may sound intimidating, I was amazed to receive both positive and constructive feedback about creating technical reports.

As I continued to stay on my toes with

other research ventures, I was able to participate in formulation development of a new surface disinfectant using eco-friendly active ingredients. I never thought I would open Thompson's or Ansel's again... or search through CompoundingToday... but there I was! I worked with two formulation chemists, Peter and Louis, who were able to show me the ins and outs of formulation development.

The highlight of my work term was creating positive professional relationships with colleagues in many different departments. I was exposed to the various aspects of the pharmaceutical industry, and developed particular interest in quality assurance for drug manufacturing. Lunch time with Yong and Suzan in Chemistry was always a good break from the research trailer. The work environment fostered at Novocol is very positive: my supervisor Carrie always supported our projects and the staff had many delicious potlucks that I did not struggle to enjoy. The last part of my experience, and one that I cannot forget, was working alongside another UW pharmacy student. Dan Chenier (being a wise senior student, haha) was great to bounce ideas off of and guide me through my first co-op fears.

Overall, I learned there is more to Pharmacy if you are willing to look outside the box. If you are looking to experience a different aspect of the field, I would totally recommend checking Novocol out!

Robyn McArthur - Rx2013



Nuclear Fallout Pharmacy!!!

By Alam Hallan - Rx 2013



"Health Canada detects 'miniscule' increase in radiation" "Radiation from Japan detected in B.C." "Health Canada urges against stock-piling potassium iodide pills"

These are some of the recent news headlines in wake of fears of radioactive fallout from the Fukushima nuclear plant. Demand for potassium iodide pills have skyrocketed, especially in B.C., over the last few weeks, and many pharmacies have run out of their stock. Well.ca currently displays most of the potassium iodide products, including many kelp (a source of iodine) products, as sold out. By the time this issue of the newsletter gets out all of the remaining stock will likely be gone too. This has resulted in Health Canada issuing an alert against self medication with potassium iodide. Health Canada said it doesn't expect harmful radiation from the damaged Japanese nuclear plant to reach Hawaii or the West Coast. I am going to provide a brief outline of potassium iodide and its use in nuclear prophylaxis so that we can answer some of the concerns that people might have during our next co-op placement.

Thyroid cancer due to exposure to radioactivity garnered attention after the 1986 Chernobyl nuclear accident. About 3000 people exposed to radiation have developed cancer while a UN report released in 2002 estimates that another 8,000-10,000 will develop thyroid cancer within the next 10 years. Most of these cases were seen in Ukraine, Belarus or Russia. In contrast, Poland which is immediately adjacent to Belarus and Ukraine, does not appear to have had an increase in the incidence of thyroid cancer. This is believed to be due to the distribution of KI in Poland at the time of the accident.

Potassium iodide, or KI, is used as a prophylactic measure against radioactive iodide.

The idea is to saturate the system with non-radioactive iodine so that any radioactive iodine entering through the environment is not taken up by the thyroid and is instead excreted in urine.

FDA approved KI for prophylaxis against radioactive iodine exposure in 1982 and is available as an OTC product both in US and Canada. For optimal prophylaxis, the recommendation is to dose daily until one day after the levels falls below harmful levels.

Recommended dosage

Age	KI in mg per day
Over 12 years old	130
3-12 years old	65
1-36 months old	32
<1 months old	16

As per "Bioterrorism and Drug Preparedness", FDA 1999

*The doses listed above are in elemental KI, most of the natural products contain a much amount lower amount

As per the current guidelines by US Nuclear Regulatory Commission (NRC), states are permitted to distribute KI to residents within 10 miles of a nuclear plant. Canada also has a similar system in place with iodide tablets being stocked near the nuclear plants, although I could not find exact details about their evacuation plan.

Although KI is considered very safe and has been taken by millions of people, there are some side effects associated with its use including rashes, abdominal discomfort and vomiting. In case supplementation with KI is continued for a longer period of time, it may

interfere with the normal functioning of thyroid and may result in temporary hypothyroidism. It also has the potential to exacerbate hyperthyroidism.

KI only offers thyroid protection against ^{131}I , the most common nuclear fission product in nuclear reactors. People using KI should be careful not to get a false sense of security against radiation exposure as it may include other nuclear fission products. The 2002 UN report highlights the fact that thyroid cancer is the major adverse outcome when it comes to nuclear reactor accidents. The areas exposed to Chernobyl radiation have seen a significant increase in thyroid cancer. Another report by the US Nuclear Regulatory Commission (NRC) did not see a confirmed increase in rates of cancers, except thyroid cancer.

Radiation is a scary word and can lead to panic, which in this case, has resulted in Canadians running around to buy potassium iodide, radiation protection kits and Geiger counters. Although it is reasonable for anyone to keep a supply of KI in their homes in case of an emergency, the fears of radiation from Japan are unwarranted. Things should be put in perspective, an average Canadian is exposed to 2-3 millisieverts of radiation a year which makes the 0.0000005 millisieverts currently detected from Japan suddenly not so scary. I think it would be great if we can provide education to patients, even if we do not have potassium iodide in stock. This would make them feel less anxious and also minimize minor side effects, which are unacceptable when weighed against the benefits of the prophylactic treatment in this situation. As pharmacists, we should utilize this opportunity to reinforce our position as the most accessible health care professionals.



"And now for something completely different" - Monty Python, 1971.

Special Issue 15 - Victorian Pharmacy

For anyone interested in the historical aspects of the practice of pharmacy, from an herbal, chemical, cultural, regulatory, and/or business perspective, I highly recommend watching the BBC Two four part historical documentary television series: Victorian Pharmacy. It originally aired in July of 2010 on BBC Two in the UK, although TVO has been re-airing the episodes in our region regularly over the past few months. You may also be able to find the episodes on YouTube or other online television websites.

Victorian Pharmacy was filmed at Blists Hill 19th Century Victorian Town (kind of like an Upper Canada Village) in Shropshire, England. It stars real life pharmacist and Professor of Pharmacy Practice at the London School of Pharmacy Nick Barber as the Victorian pharmacist, historian Ruth Goodman as the pharmacy co-owner, and PhD graduate student Tom Quick as the pharmacist's apprentice. They investigate the pharmaceutical preparations, technologies, & ideas of the time (from 1837 to the 1870s) & make safe versions of selected preparations for local townsfolk.

The first episode of the series starts out with the team acquiring the shop in 1837, the same time period when a teenage Queen Victoria ascended to the throne in England. During this time, Victorians had no concept of bacteriology & believed that illnesses were caused by an excess of one of four humours (Black Bile, Yellow Bile, Blood, and Phlegm) and spread by miasma (clouds of foul smelling air from decaying matter). Spittoons were common in pharmacies as Victorians liked to spit a lot to decrease Phlegm (it was the apprentice's job to clean the spittoon, a ripe source of tuberculosis!) & to reduce Blood, Victorians often per-

formed bloodlettings with mechanical devices or leeches, a common but expensive luxury item sold by many pharmacists.

With no concept on how to treat rampant illnesses such as tuberculosis, diphtheria, cholera, & other diseases that spread as a result of crowded & unsanitary living conditions throughout the industrialized parts of England, there was an overreliance on traditional remedies. During this episode, the team made a medieval bruise poultice from ground earthworms and olive oil (which didn't help the patient) & a Balsam of Horehound cough syrup from horehound, water plantain, yellow campane, and squill, among other preparations.

In general, pharmacists of this period were untrained, unlicensed, & anyone with enough money & business sense could open a pharmacy. There were also no regulations regarding the handling & selling of the multitude of toxic chemicals pharmacists had at their disposal. In fact, many of the preparations sold to the public were highly toxic: cough medicines that contained high levels of opiates, skin creams that contained arsenic, baby products made with lead, & others. One popular patent medicine of the day was Dr. John Collis Browne's Chlorodyne solution used for coughs, made from chloroform, opium, & cannabis.

The second episode takes place in the 1850s - 1860s, an era of change for pharmacy practice. During this time, England was facing its worst public health crisis in history with over 100,000 people dying in the streets from various illnesses linked to poor sanitary conditions. Pharmacists of the day popularized cure-alls, many of them creating their own money-making brands. These cure-alls were not supported by scientific evidence in the least, but did tend to have some minor physiological effects on the patient (e.g. a laxative effect) leading them to believe it was working. The team compounded some cure-all pills containing soap powder, licorice root, rhubarb root, and glucose syrup. During the early 1860s, scientific advances such as the discovery of 'tiny animacules'/germs by Pasteur & others led to the adoption of germ theory by Victorians. Disinfectants became extremely popular & many pharmacists sold their own bottled preparations such as carbolic or sulphuric acid.

The third episode takes place in 1868, with the creation of the Royal Pharmacy Society & passing of the Pharmacy Act, making qualifications (exams & training) compulsory for pharmacists. The team go through

some of the qualifications in this episode which included studying the contents of a *Materia Medica* chest, writing awritten & oral exams, & compounding cocoa butter & licorice root suppositories. During this time pharmacists became more cognizant of the toxic threats many of their products imposed to the public & the practice of pharmacy itself became more evidence-based driven.

The fourth episode continues to the end of the Victorian era, where the team investigates other emerging technologies of the day including a foot-pedalled dental drill, photography, making condoms from sheep intestines, making perfumes, & developing aspirin-based cures for warts & corns.

The Victorian period was an age of social transformation that brought healthcare to ordinary people for the first time & scientific advances to healthcare. It was a time of innovation, growth, & development for our discipline. Victorian pharmacists were shrewd entrepreneurs who apart from medicines, developed many unique services & products including: disinfectants, bottled sparkling water, matches, fireworks, condoms, foods (e.g. Worcestershire sauce was developed by pharmacists), photography, & other health and beauty products. These early stores were certainly an early model of the modern pharmacy.

So, next time you have a few moments of free time, I highly recommend checking out this very interesting educational series instead of watching people from New Jersey!

Jason Budzinski (Pharm 2011)

For more information check these links:

- <http://www.bbc.co.uk/programmes/b00t3zhy>
- <http://www.tvo.org/TVO/WebObjects/TVO.woa?b?105480129894840000>





Call for Content & News

If you have an upcoming event or an announcement for the School of Pharmacy please let us know! The deadline for submissions in the next newsletter is April 27th, 2011.

Thank you to all of the staff members and students who provided content for this newsletter.

If you have any questions, comments, or concerns about this newsletter or The Society of Pharmacy Students at the University of Waterloo School of Pharmacy please send an email to: pharmsoc@uwaterloo.ca

Thank you for reading and good luck with exams!

Key Points from the Winter Town Hall Follow-Up Meeting

Study Space

- Quiet study spaced reserved from 2009 (24 hour access) & 2024 (open until 9:30pm)
- Extra power bars have been added to 2009 & 2024 and the heat has been adjusted in room 2024
- The orphan room beside the library will have 24 hour access on weekends for quiet study, until the room undergoes construction in the near future for a student life center that houses the student organization & clubs office, co-op student offices, student board room, & study space.
- Fish bowls are first and foremost for group work, if a group is not utilizing the room then individuals can study in the room. *A group has the right to ask anyone using the fishbowls for quiet study to leave, as they are the only designated space for group work on campus*

Rx2011 Concerns Surrounding Clinical Rotations, Electives, & Seminars

- Your concerns have been brought to the attention of administration, so thank you to all those who came out and emailed your comments
- Your ideas are being considered in upcoming faculty meetings and some have already begun to take place for next term
- Sheri Howard has also brought forth your concerns to curriculum committee and they are being considered at that level as well

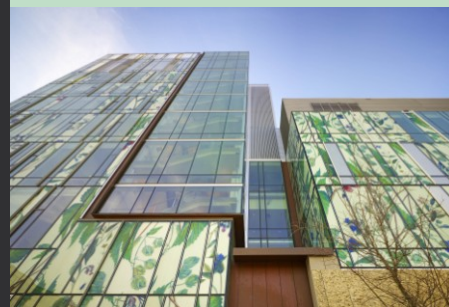
General Comments

- It has been brought to the attention of administration to look into the timely distribution of marks and to ensure that students receive items on a more prompt manner and will hopefully resolve the issue of heading into exam with a large portion of marks undetermined
- The issue of Co-Op locations not being specified for the large chain companies has been brought to the attention of administration
- It has been strongly encouraged by administration that if you have comments that you would like to share about curriculum, to please fill in the course evaluation surveys at the end of each term. Dr. Waite personally reads through the comments on all evaluations and takes students feedback into consideration.

I would like to remind all students that SOPhS holds a town hall meeting each term. This is a great venue to share comments, concerns, and constructive feedback about all aspects of pharmacy school. The president and vice-president of SOPhS are then required to schedule a follow-up meeting subsequent to town hall, in order to address all of the student comments.

I look forward to hearing from you all at the next town hall meeting being held in June! - Kaitlin Bynkoski

Pharmacy Phile ISSUE 21 - April 2011




Society of Pharmacy Students (SOPhS)

University of Waterloo School of Pharmacy



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SOPhS 6 Week Calendar

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
 Week 12	27 Newsletter Submission Date	28	29	30	31 OPA Lunch & Learn	April 1 End of Term Social	2 OPSIS in Niagara Falls
Exams	3 OPSIS in Niagara Falls	4 Last Day of Classes	5	6	7	8	9
Exams	10 Newsletter Release	11	12	13	14	15	16
Exams	17	18	19	20	21	22	23
Break	24	25	26	27 Newsletter Submission Date	28	29	30
Week 1	May 1	2 Lectures Begin	3	4	5	6	7

SOPhS Calendar Notes

Please note that event dates may be subject to change. Contact SOPhS if you are unsure of an event date

We are currently working to have the SOPhS calendar available in print at the SOPhS office as well as online. Further details will be provided in a future SOPhS Update.

If you would like an event to appear on the SOPhS calendar please email Jamie at jrafuse8@gmail.com