



SOPhS President's Message

SPRING TERM IS HERE!!

To the VANGUARDS... Welcome back from Mexico for those of you who embarked on the grad trip adventure. Your last term has finally arrived, enjoy every minute of it.

RX 2012s... I hope you all had a great co-op term and are ready to get back into the swing of things. Welcome to our crazy home, three classes must seem a bit overwhelming after your last school term where you were the only class! It might be busy at school but the volume of students makes the social events a lot more entertaining.

RX 2013s... Have a great co-op! You will be missed around the halls but keep reading those SOPhS updates to stay connected. There are a lot of great events planned this term that will be worth the drive down for a visit.

RX 2014s... You SURVIVED!! One term down and I promise the summer term will be much better. Enjoy every minute of it and good luck applying for your first set of co-op jobs.

The winter term was jammed packed with events but SOPhS promises to deliver another action packed spring term, so please keep reading the newsletters and SOPhS updates to stay connected. Remember every one of you is welcome to attend SOPhS meetings and share your ideas with what events you would like to see offered for students. Although I am not on campus this term, I will still be available by appointment so keep sending those emails and I will keep up with my prompt responses.

Looking forward to another great term! Please read the election section of the newsletter! Information is available for those interested in being on SOPhS council for the 2011-2012 term.

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Kaitlin Bynkoski

President - Society of Pharmacy Students (SOPhS)

University of Waterloo School of Pharmacy

kbynkosc@uwaterloo.ca

226-808-8548

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Communications Update

Welcome back to those of you who went away, and to the 2012s who are back in the building. It looks like the 2011s had a great time on the beach in Mexico, and while those of us who were stuck here probably resent you just a little bit, I suppose you deserved a break. Check out page 3 for more pictures!

It's another exciting time of year for SOPhS with elections coming up. Be sure to look into the available positions and do your best to inform yourself about those students who are running for council.

In other news I finally managed to post guidelines for submitting material to the newsletters, updates, and housing edition. You can find these in PDF format on the SOPhS website as a drop down from the communications tab. If you're planning on sending anything in please give these a look beforehand so you know the expectations. Now the next step is getting newsletters into print. I swear its coming! Depending on how elections goes this may be my last newsletter for you but hopefully I'll be back. If not have a great term, especially you 2011s, congrats on getting to the home stretch!

Dave Hughes

SOPhS Communications Director



SOPhS

ELECTIONS

Information Session on Tuesday May 10th @ 8pm Room 1012
 Election Period Runs Monday May 16th until May 20th
 Voting Takes place on Thursday May 19th
 Announcement on Friday May 20th

Rx 2014	Rx 2013	Rx 2012
President-Elect	Class Rep	Class Rep
Vice President- Elect	Social Rep	Social Rep
Class Rep	Athletic Rep	Athletic Rep
Social Rep	Junior Finance	Grad Chair
Athletic Rep	Secretary	Recruitment Director
Junior Finance	Feds Rep	
Secretary	OPRA-ELECT	
Feds Rep	OB-CSHP-ELECT	
OB-CSHP-ELECT		

The above table highlights which positions are available for each year. Remember that each year needs a class, athletic, & social representative. Due to co-op & timing of placements some are restricted to certain years of study.

APPLICATION POSITIONS

Applications will be due on Monday May 23rd by Midnight to:
kbynkosc@uwaterloo.ca

Application packages will be available at the information session, if you can not attend you must email me to receive one.

- MARKETING DIRECTOR
- COMMUNICATIONS DIRECTOR
- INTERPROFESSIONAL REPRESENTATIVE
- MEMBER AT LARGE
- ADMISSIONS COMMITTEE STUDENT REPRESENTATIVE
- CURRICULUM COMMITTEE STUDENT REPRESENTATIVE
- PETITIONS COMMITTEE STUDENT REPRESENTATIVE

CAPSI Update

I am very excited to be taking over the CAPSI Senior rep position for the 2011-12 year. First, I'd like to recognize Ashley Gubbels, Jeannine Oliver, Marian Gurguis and Patricia Hung who are leaving our council this year. All four of these fantastic girls have been on our local council since its inception and each has been integral to its success. Many thanks go out to them for all their hard work and dedication over the years!

CAPSI had a great finish to the winter term. We are pleased to welcome several new faces to our council from the Rx2013 and 2014 classes following our elections. We are hoping to add a few more positions to council, with bi-elections coinciding with the SOPhS elections later this month. An announcement with more details will be made in the coming weeks.

The end of the winter term saw several other accomplishments for UW CAPSI—we created our new ACE community group, authored half the articles in the newest issue of the CAPSIL and had Julia Denomme from Rx2014 elected as Executive Secretary on CAPSI National. I am hopeful that the coming year will bring even more great things for CAPSI at Waterloo...stay tuned!

Jenny Sequin

Senior Representative - Canadian Association of Pharmacy Students and Interns (CAPSI)

Student Liaison—Canadian Pharmacists Association (CPhA)



Pharmacists Now Authorized Prescribers

By: Stacey D'Angelo - Rx2012

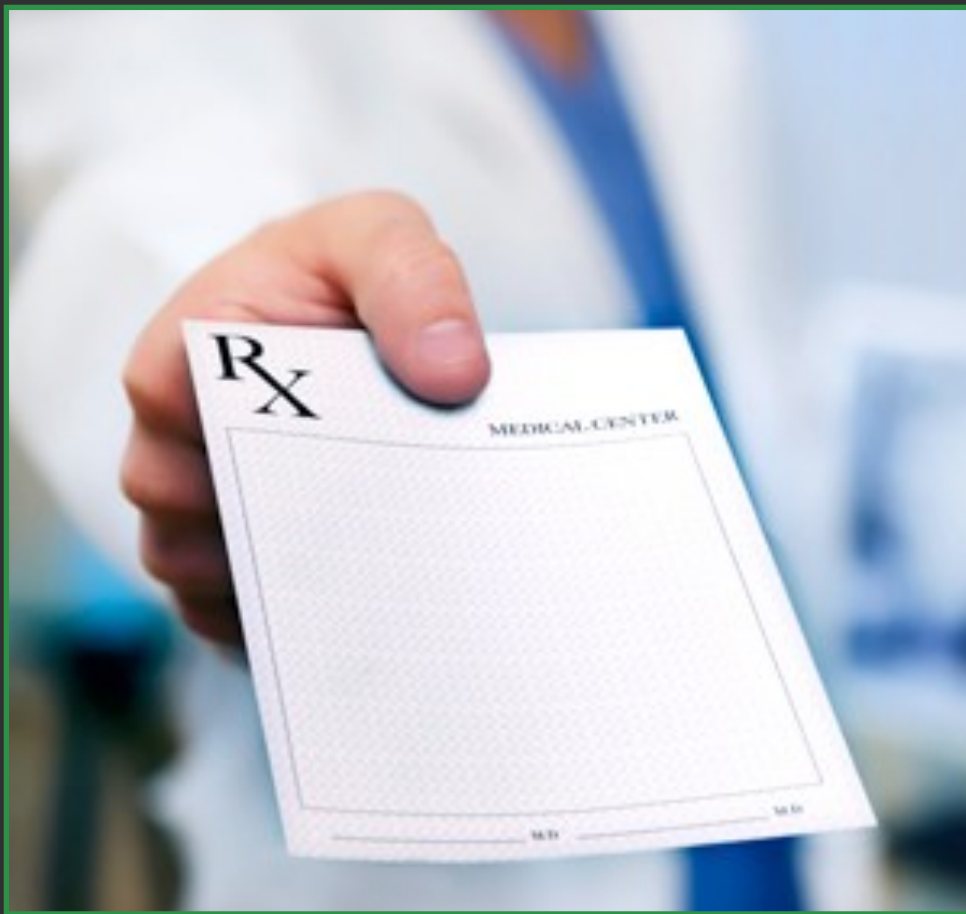
Effective March 14, 2011 new regulation under the Drug and Pharmacies Regulation Act (DPRA) allowed pharmacists to refill existing prescriptions under specific conditions without authorization from a prescriber. Contrary to some belief, this is *NOT* part of Bill 179. The “pharmacist-authorized prescription extensions” (PAPE) agreement came about in 2008 from collaboration with the Ontario College of Pharmacists (OCP) Council, the Ontario Pharmacists’ Association (OPA) and the Ontario Medical Association (OMA). Once endorsed by all parties, OCP drafted enabling regulations for submission to the Minister of Health and Long-Term Care. This announcement signifies the long-awaited passage of (PAPE) agreement by the Ontario government.

(see: http://www.opatoday.com/files/public/documents/advocacy/Appendix%20A-PAPE%20Agreement_2008-Jan-21draft_Nov12_2008.pdf)

Rather than part of Bill 179, this new regulation is a stepping stone to provide pharmacists with the ability to provide this act prior to the regulations being fully implemented. These regulations, while effective immediately, will be subsequently revoked and replaced with the new regulations related specifically to Bill 179.

There has been much discussion around the issue of compensation, similar to compensation received by other healthcare professionals such as nurses and physicians, for the assessment for the authorization of a refill. There has currently been no indication of any compensation structure by the government. However, the OPA continues to advocate for the value of this service to the healthcare system and to the patient.

With the movement towards clinical practice in a community pharmacy setting and the economic pressures on the healthcare system driving down the profit of dispensing drugs, we are all aware that there must be major changes in the business model to keep our profession alive. Even with the push towards charging for clinical services, many pharmacists and pharmacies have found it difficult to get started asking their patients for money. In my opinion, this is a great place to start. This is a service that provides a tangible value. We all know that time is a valuable commodity. When a patient runs out of refills and you are not able to contact their



prescriber to authorize a refill (after reasonable attempts at doing so without success), now you can offer this valuable service to refill their prescription after completing a clinical assessment. Alternatively, the patient can go to a walk-in clinic and wait in line to get another prescription. Just as any other practitioner, the knowledge, time and expertise that we as pharmacists provide is worth a price. Pharmacists are encouraged to refer to the *OPA Suggested Fee Guide for Uninsured Clinical and Professional Pharmacy Services* as an excellent basis for determining an appropriate fee, which you can obtain as a member of the OPA. The document has reviewed by the OCP.

Important points when refilling a prescription:

- Prescriptions for narcotics or controlled drugs may not be refilled by a pharmacist.
- To authorize a prescription, you must believe all of the following:
 - reasonable efforts to contact the prescriber have been made and were unsuccessful;

- the prescriber, if available, would have authorized the refill;
- the patient has been prescribed the drug for a chronic or long-term condition;
- and the patient has a stable history with that drug.
- The total amount of the drug dispensed shall not exceed the amount of the drug previously dispensed by the pharmacy or a 3 month supply, whichever is less.
- Within 7 days, the pharmacy must send to the prescriber (and, if known to the pharmacy and different from the prescriber, the patient’s primary health care prescriber) a report that includes notice that a refill of the prescription was made on the authorization of a pharmacist and the date, drug and quantity of drug dispensed.

Other conditions apply in terms of record keeping. More details are available at:

http://www.health.gov.on.ca/english/providers/program/drugs/opdp_eo/notices/exec_office_20110318.pdf

Vanguard Grad Trip

Hola Amigos,

I hope you had a great break and are relaxed refreshed and ready to face this semester!

To keep everyone in the loop, on April 21st and 22nd a number of vanguard students ventured to the Mayan Riviera in Mexico for one last hurrah before braving the last semester standing between us and the pharmacy profession. It was a week full of relaxation on the beach and in the pool.

There were infamous “grotto” sessions in which many dives were invented (ask Fayz or John Thai about the backwards Genie, or Noah about the “hold my d_ _ _”), children were scared for their lives and epic tales were told. In true pharmacy style we represented in beach volleyball and quickly became known as “the water polo people”. Although, most days were dedicated to siestas, mango tangos and lounging, we didn’t forget to see the sites.

Some people went to Xel Ha to snorkel and see sting rays, barracudas and parrot fish and to relax on the not so lazy river. Others ventured to Coba to climb the tallest Mayan pyramid in Mexico, see how Mayan people lived and swim in a cenote. Some of us exercised our superior bartering skills and got our Starbucks fix in Playa del Carmen.

Evenings in Mexico were also pretty eventful. Some nights people ventured to Coco Bongos for drinks and shows in Playa del Carmen, but most often we kept the lobby bar hopping with DeMarco’s infamous beats (he brought a “boombox”) and friendly games of euchre. Let’s not forget the Discotheque aka the Discotequa, its infamous smoke machine and always hilarious choice of music (we had everything from Nirvana to Kris Kross). Each night ended with ham and cheese sandwiches, burgers or hot dogs in the smelly Sports Bar.

Needless to say we had lots of fun and lots of laughs. Unfortunately not everyone from Rx 2011 could make it, trust me you were missed and we kept you there in spirit.

Don’t worry, our first reunion is bound to be just as epic “maybe at a different princess resort”. All in all, I hope everyone has a great semester and I hope to see you out at all the upcoming social events!

Adios,

Tiffany

Rx 2011 Social Representative
SOPhS Social Director



The “New” Run for the Cure Team

Every year UW School of Pharmacy enters a team in the CIBC Run for the Cure and we would like to invite you to join our team or show your support again this year!

The Run for the Cure is a 5K Run or Walk in support of breast cancer research that occurs on the first Sunday every October. This is the largest one day national fundraiser in Canada dedicated to breast cancer research. For more information please see the link at the end of this article. In the past years our teams have raised over \$2000 in 2009 and over \$6000 in 2010. This year our goal is to exceed our previous year’s totals.

This year the team will (hopefully) be participating in a National “Pharmacy Students of Canada Team” run through CAPSI. This idea was started at UW and a proposal went out a PDW this year inviting all pharmacy schools to participate in the Run as a national team. Enough interest was sparked at PDW to explore this idea and currently a National Team is being set up with interest from 4 other schools at this point. Since this is a national event we are hoping to set up a friendly competition to see what school can raise the most money for the Run.

To help our team meet its goal and raise the most money we will be holding fundraisers throughout the summer term. The details are outlined below.

May 30 – Bake Sale and 50/50 Draw, 12:00-1:30pm

June 24 – Mr. Pharmacy Event (half of the proceeds will be donated to the Run for the Cure)

July 16 – Annual Pharmacy Golf Tournament 2.5 (Includes 18 holes, a cart and dinner) – details to follow.

August – Graduation Garage Sale (date and location to be determined)

If you’re interested in helping out with any of the events or participating on the team please email Sheri Howard the team captain at sheri.howard@gmail.com. I will also follow up in PharmSoc emails with more information regarding each event, so please stay tuned!

Run for the Cure Details:

http://www.runforthecure.com/site/PageServer?pagename=run_homepage_11

Co-op Chronicle

Tilbury District

Family Health Team

Co-op Experience: Third Placement

Field: Family Health Team

Location: Tilbury District Family Health Tem, Tilbury ON

I took on the role of Chronic Pain Management Coordinator at a family health team in the town of Tilbury this past term. My excitement for this position was only exceeded by the opportunity to present my project at the head office of Pfizer in Montreal.

The goal of this project was to integrate the Canadian Guideline for Safe and Effective Use of Opioids into this family practice of six physicians. The setting of the family health team gave me an ideal balance of direct patient care, research, and policy development. I worked with the team to write a policy for managing chronic pain and developed EMR resources to document the necessary components.

Along the way, I had the opportunity to complete observerships with pain specialists Dr. Safakish from the Chatham-Kent Health Alliance and Dr. Morely-Forster from St. Joseph’s Health Centre in London. It was a remarkable learning experience to participate in the assessment and treatment of less common pain conditions and observe nerve block treatments.

The problems of managing chronic pain in primary care were apparent from an initial EMR chart review. I was able to solve issues surrounding EMR documentation of pain by developing a way for the physicians to track pain scores, add patients to a chronic pain registry, and access pain resources. The pharmacist and I completed pain assessments with patients and presented recommendations for drug therapy where appropriate to the physicians.

Beyond the policy for opioid initiation and monitoring, I reviewed and presented the pharmacotherapy guidelines for osteoarthritis, fibromyalgia, and neuropathic pain to the clinical team. I was also trained to lead a chronic pain self-management group program.

Similar to other co-op opportunities for Waterloo students, my position was made possible through an educational grant from Pfizer. As a result, I finished the term by

presenting my project from the FHT to the Pfizer medical specialists in Ontario and then the head office in Montreal. In Montreal I met with pharmacists who worked in departments ranging from medical information, clinical research, to patient access. It was an incredible way to end this project and to get insight into the opportunities for pharmacists in industry.

Outside of the pain management initiative, I had the opportunity to lead group classes on pharmacological options for smoking cessation and diabetes management. I also worked directly with the pharmacist to assess patients during regular appointments. I was working with a great team of physicians and an incredible mentor in Gail Jones, the pharmacist of the team.

I completed this project with insight into the role pharmacists can assume in pain management. There remains a need for interdisciplinary approaches to pain treatments and I plan to follow through with this project to demonstrate the value of the pharmacist in chronic pain management!

- Erika Hatherly Rx2012





“The genus name *Panax* comes from the Greek *pas*, all, or *akos*, cure; or *panakes*, all healing, referring to the medicinal properties of the ginseng plant. *Panacea* was a goddess in Greek mythology who could heal all diseases, and who found a remedy for maintaining good health.”

(From: *Small and Catling, Canadian Medicinal Crops*, NRC Research Press, 1999)

Issue 16 – North American Ginseng (*Panax quinquefolius*)

(aka: Ginseng à Cinq Foliolles, Occidental Ginseng, Five-Fingers, Canadian Ginseng)

Welcome to a three part series looking at the most popular forms of ginseng used as natural health products. The most common species used medicinally are *Panax quinquefolius* (NAG - North American ginseng) and *Panax ginseng* (aka: Asian, Korean Red, Chinese ginseng). Another popular ginseng is Siberian ginseng (*Eleutherooccus senticosus*), actually not a true ginseng but named as such due to its similar appearance and medicinal properties as members of the genus *Panax*. Although the name “ginseng” is most commonly associated with the Asian variety, there are actually several recognized species of ginseng including 2 from North America and 5 – 10 from Asia. “Ginseng” is derived from the Chinese *ren-shen* (in standard Chinese *piryin*), also rendered *jen-sheng*, *jin-hsien*, *shen seng*, and *shinseng*, usually translated as either “man-shaped root” owing to the resemblance of the root to the human form, or “man-essence” stemming from the belief that the root represents the essence of the earth crystallized in a human form. With respect to NAG, Ontario is the largest grower of NAG, with about 220 growers and over 5,000 acres in cultivation, producing over 4 million lbs (1,815,000 kg) of NAG root an-

nually, 90% of which is exported for commercial use in Asia.

Description and Habitat: NAG naturally occurs in colonies of a few to hundreds of plants in rich, shady, deciduous forests with deep leaf litter. It thrives in 75% shade and prefers the northern or north eastern-facing slopes of rocky terrain. Its natural range is eastern and central North America, especially along the mountains/hills of Quebec and Ontario, south to Georgia and east to Wisconsin. Although wild colonies still exist, they are scarce due to deforestation and overharvesting and thus are considered endangered. Commercially, NAG is grown as a cash crop primarily in Ontario (90%), BC, Wisconsin, and in northern China. NAG is a perennial herb (which can live up to 60 years) consisting of an unbranched, erect stem arising from a short rhizome and elongated tuberous root (1 – 3 cm thick, 5 – 10 cm long). Roots of older plants become branched and appear to have circular wrinkles, both increasing with age. NAG grows to 20 – 70 cm tall, with a whorl of 3 – 4 long-stalked leaves each with 5 large leaflets (always 3 upper and 2 lower). NAG flowers in midsummer (yellowish flowers on stalks) and fruits red berries by the end of July; plants more than 3 years old produce up to 150 seeds.

Medicinal Constituents: The virtues of both Asian ginseng and NAG are believed to be due to numerous root triterpene saponins called ginsenosides (although these occur throughout the plant, only the roots, by tradition are used). At least 30 ginsenosides have been identified and are known to exist in varying concentrations among the various ginseng species. The 6 most abundant ginsenosides in NAG are Rb1, Rb2, Rc, Rd, Re, and Rg1. NAG contains higher amounts of Rb1, Re, Rc, and Rd relative to other ginsengs, and lesser amounts of Rb2 and Rg1. NAG also contains polysaccharides (some are immune modulators) and non-saponin peptidoglycans called quinquefolans (which appear to have hypoglycemic effects).

Medicinal Use: Both Asian ginseng and NAG are considered adaptogens, herbs which increase the body’s resistance to stress, trauma, anxiety, and fatigue. Traditionally, NAG was first used by many Native American tribes for increasing the fertility of women, as a tonic to increase mental func-

tioning, and to treat headache, cramps, fevers, rheumatism, and cough. Early European settlers adopted its use and NAG soon became a major export crop to China for the preparation of TCM (Traditional Chinese Medicine). TCM practitioners perceive NAG to give the body more *yin* – meaning it is used to reduce ‘heat’ in the body; Asian ginseng is thought to have more *yang* – meaning it is used to raise ‘heat’ in the body. Modern TCM and herbal use of NAG includes treating hypotension, hypertension, stress, insomnia, fatigue, depression, arthritis, diabetes, hypercholesterolemia, bronchitis, and anemia.

Typical Dosages: NAG is used extensively in combination with other herbs in the production of various TCM preparations, however there are far too many recipes, dosage forms, and doses to be considered here. Although never official in the USP or BP (early settlers exported most of the NAG to Asia), early herbal practitioners who adopted its use typically made 5:1 ethanolic tinctures and boiled decoctions (decoctions of the root are a common starting point in TCM). Modern NAG capsule preparations provide various doses of extract; up to 3 – 9 grams dried equivalent per day have been used in some trials for reducing postprandial glucose levels in patients with type 2 diabetes mellitus.

Evidence: Although there is some strong evidence for the therapeutic value of ginseng, it is not without controversy.

Continued on Page 7





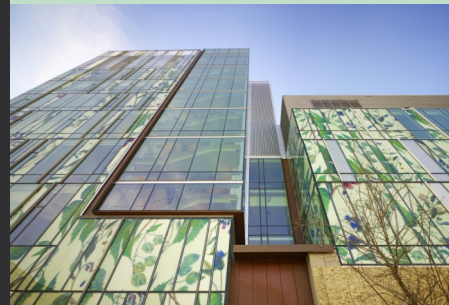
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Western medicine often rejects the claims of Eastern medicine that ginseng has manifest benefits in the treatment of many illnesses. Unfortunately, much of the medical research involving NAG has been supported by those with commercial motives making it difficult to find well designed and unbiased studies. However, there is some good evidence that NAG may help diabetics reduce post-prandial insulin levels when taken before a meal. Also, NAG may help improve the body's immune functioning versus some respiratory viruses.

NAG in Pharmacy Practice: Considering its long history of use in TCM and by hundreds of millions of people around the world, NAG is considered a fairly safe herb, although it may interact with some antidiabetic medications, MAO inhibitors, and warfarin. Because of its effects on blood glucose, patients should be advised to discontinue NAG supplements at least 2 weeks prior to surgery.

Jason Budzinski (Pharm 2011)

Pharmacy Phile ISSUE 22 - May 2011



News & Upcoming Events

OPRA Residency Night - Monday May 9th - 6:30 pm

The purpose of this night is to allow our students to interact with the hospital residency coordinators and to go over the application process. There will be over 10 hospitals coming in to meet with the students. Although the night will be informal, please come dressed professionally. Have your questions ready and be prepared to network!

Trek 4 Kids Hike and Bike - Sunday May 15th

Participants can walk, run or bike either a 5km, 9km or 23km trail on May 15th, 2011. Money raised will be used to send children from low-income families in the Kitchener-Waterloo region to summer camp. There is no minimum amount to raise and people of all ages are welcome!

SOPhS Election Day - Thursday May 19th

Candidates will be campaigning starting on Monday May 16th so be sure to inform yourself of all candidates and positions available in the election. The vote will take place on Thursday May 19th and results will be released on Friday May 20th. If you are interested in running for a position make sure you attend the Elections Meeting on Tuesday May 10th at 8:00 pm in room 1012.

Pharmacy Open Mic Night - Friday June 3rd - 8:00 pm

All pharmacy students and friends can head to the Boathouse in Victoria Park to see musical performances, dance, comedy and more. Tickets are \$5 and everyone will be entered into a raffle for an iPad 2. If you would like to perform contact John Sewell or Jeff Wong.

Please see the calendar on the next page or check out the weekly SOPhS Updates for information about all other events. If you have an event coming up that you would like to inform students about please submit an article for a SOPhS Update to pharmsoc@uwaterloo.ca using the guidelines available on the SOPhS website.

Society of Pharmacy Students (SOPhS)

University of Waterloo School of Pharmacy



10A Victoria Street
Kitchener, Ontario N2G 1C5
www.sophs.uwaterloo.ca

SOPhS 6 Week Calendar

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Break	24	25	26	27 Newsletter Submission Date	28	29	30
	May 1	2 Lectures Begin	3	4 CAPSI Mock OSCE	5	6 Blaster And The Beaks Show CAPSI Mock OSCE	7 Newsletter Release Date
Week 2	8	9 OPRA Residency Night - 6:30 PM 30-Hour Famine Info Meeting @ 12:30	10 SOPhS Elections Meeting - 8 PM Room 1012	11	12	13 Last Day to Register for OPA Conference at Reduced Rate	14
	15 Trek 4 Kids Event	16 Campaign Period	17 Campaign Period	18 Campaign Period	19 Voting Day	20 Election Results Released	21
Week 4	22	23	24	25 Co-op Interview Day	26	27 Newsletter Submission Date CPhA National Conference	28 CPhA National Conference
	29 CPhA National Conference	30 CPhA National Conference	31 CPhA National Conference	June 1 CPhA National Conference	2	3 Newsletter Release Date Pharmacy Open Mic Night - 8 PM	4

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