



## Professional Development Week 2012

On January 11<sup>th</sup>-15<sup>th</sup>, 36 Waterloo students braved the changing maritime winter weather and headed east to Halifax, NS for CAPSI's annual conference - Professional Development Week 2012. The week was filled with valuable educational, networking and social events. We wanted to let the delegates tell you in their own words how they felt about attending the conference:

### Jessica Karam, Rx2014 – “The newbie”

“As a first timer at the conference, I can honestly already say that PDW has made it on my list of “biggest highlights” of pharmacy school and of life in general. It provided us with an opportunity to meet students from all over Canada (a lot of which we are staying in touch with and hope to see next PDW in Montreal), explore a new province, get inspired by the motivational speakers, feel refreshed and rejuvenated in terms of our capabilities and our future profession, and learn about topics that can be applied in school and in practice. The feeling of being surrounded by people in the same field, with the same goal but with different perspectives and ex-

periences is indescribable and is definitely something you cannot gain from lectures and textbooks.”

### Caitlin Meyer, Rx2013 – “The enthusiast”

“My experience as a PDW “new-comer” was very exciting. It was a fantastic way to meet and connect with pharmacy students from all across Canada. The speakers were not only interesting, but also very motivational. Halifax was a phenomenal experience, including the social events and wonderful grub. I can't wait to experience PDW again!!”

### Jamie Rafuse, Rx 2013- “The optimist”

“Having so many pharmacy students with innovative ideas and enthusiasm in one room at the same time made me feel so optimistic about the future of our profession. I know that with so many student leaders that are ready for change, our generation is ready to take pharmacy to the next level!”

Continued on Page 3

### In This Issue (Click to View)

PDW 2012 P. 1,3

President & VP Message P. 2

PDW Pictures P. 3

Maximizing Care in Patients  
With Alzheimer's Disease P. 3,4

Fresh from the Pharm P. 4

The Ontario Pharmacists  
Association P. 5

The Coldest Night of The Year P. 5

The Role of the Community  
Pharmacist P. 6

COLD-FX, WHAT FX? P. 7

Communications Update P. 7

Co-op Chronicle: Jaskiran Otal P. 8

News & Events P. 9

SOPhS 6 Week Calendar P. 10



## President & Vice-President's Message

Welcome Back Everyone!

We are well into our first term of the year and we've already accomplished so much. The School of Pharmacy has been busy both on and off campus over the last couple months - and there's still lots more to come!

The start of the year brought us some exciting opportunities and creative initiatives:

- Professional Development Week (PDW) in Halifax: Delegates from all years represented Waterloo in this national student conference both in competitions as well as on the dance floor. Check out all of our pictures and our experience at the conference further down in the newsletter!

- Pharmacy Spirit Wear: With our first online fashion show displaying some stellar models and trendy clothing, our students were inspired to get into their pharmacy gear and represent school spirit wherever they go. A shout out goes to Jackie Diebold for single-handedly putting together all the sales and orders for our new pharmacy gear - if you see her in the building, give her a long, suffocating hug for putting so much effort into this. We look forward to March once all the clothing has been distributed and we're all constantly matching!

- Interprofessional events: We've already had two occasions where our students met and engaged with our healthcare colleagues from McMaster University, Wilfred Laurier University and Conestoga College. Collaborative events such as these case studies and open group discussions, allow us to not only raise awareness about our profession among other health care professionals, but also provide us with an opportunity to learn more about the benefits of building strong interprofessional relationships. We encourage everyone to take advantage of future opportunities like the upcoming Wine and Cheese in March!

- Clubs: Our student run groups on campus such as the pharmacy investment club (PIC), Community Action Now (CAN) and Journal Club hosted their introductory meetings to recruit new members. Through club initiatives, we were all able to express our love for our classmates this Valentine's Day with delicious, charitable CANDy-grams, and on another front, Rx 2014's

Mike Kani and Mahmood El-sweisi presented on COLD-FX for journal club. These fellows did an excellent job reviewing this ever-popular, extremely expensive product! The recommended dose for 'immediate relief' is 18 tablets over 3 days - but this hasn't even been approved by Health Canada! Thanks to journal club, we'll be making more informed recommendations to patients.

- CSHP: The Dinner and Learn focusing on Hospital Pharmacy was also a success, with a great amount of interest from both first and second year students. SOPhS is looking into introducing new hospital related opportunities for student involvement in the future, so stay tuned.

- One of the first PHiG projects of the year had first year students in Group 11 participate in the Ray of Hope's 'Coldest Night of the Year' event. We had walkers from all across the Kitchener-Waterloo region come step in our building to warm up with hot chocolate and snacks. Community involvement is just one way our students are making a difference in the our area; we look forward to more involvement with our city during our upcoming Soup Kitchen on March 8th!

- A highlight of this past month is the increased presence Pharmacy now has on main campus due to the exposure we gained during the FEDS Election. A few

SOPhS council members had the opportunity to meet with the newly elected candidates and table our desire for stronger ties. We are excited about our future work with the newly elected FEDS council and congratulate them on their victory!

March is definitely going to be an extremely exciting month as we draw closer to the end of this term. In the upcoming month we will be holding a 'Future Outlook' seminar with pharmacy graduate students, inviting the pre-pharmacy CAP students from main campus to our beautiful building, visiting Toronto for a Raptor's game against the infamous Knicks (Jeremy Lin!), OPSIS and much more! CAPSI is also hosting Pharmacy Awareness Week (PAW) starting March 5th so we encourage everyone to get involved with all the wonderful events they have planned for us this week. Last but not least, UW Pharmacy will be hosting this year's OPA Cup on March 10th! Make sure you get your black and yellow out, and save your voices so we can cheer on our school and take home the cup again this year!

Best wishes and happy studying,

~ Saleema and Danielle

p.s. Have concerns? Address them the Town Hall meeting March 14th at 7 pm and we will bring these forward to the faculty and administration.



## Continued From Page 1

### Cindy Jones, Rx2012 – “The socialite”

“This was my first year going to PDW and it was an amazing experience! It's a great way to meet people from other pharmacy schools across Canada and from different organizations. Every night they had fun events planned for us, right from the East Coast style kitchen party the first night to the closing Haliwood gala the last night. It was a blast!”

### Noreen Jamal, Rx2014 – “The networker”

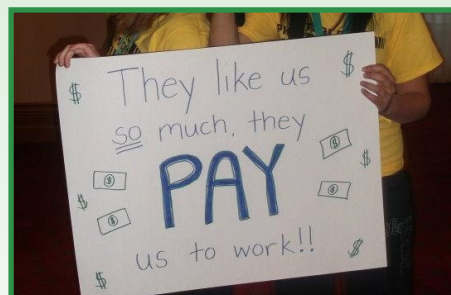
“My experience as a first-timer at PDW was a fun and rich one! I had the chance to meet and network with Pharmacists working in the industry that have similar philosophies about the profession (that aren't always mainstream). It was a blast getting to meet Pharmacy students from across Canada to get to learn about their programs and about the differences in Pharmacy in their provinces.”

### Jenny Seguin, Rx2012 (and Sr CAPSI Rep) – “The veteran”

“PDW 2012 was another incredible experience in what has been a fabulous three years for me attending these conferences. It was amazing to see our delegation grow in number, and how professionally all the Waterloo attendees acted at all the events. It is has been a pleasure to represent Waterloo at the national general council meetings held annually at PDW and to use those meetings to work with the other local councils from across Canada to strengthen and build upon the foundations of UW CAPSI.”

### Saleema Bhaidani, Rx2014 – “The spy” :P

“My experience as a Waterloo student at PDW is summed up in the conversation I had where I pretended to be from another school... [Him] "What school do you go to?" [Me] "UBC, you?" [Him] "University of Toronto." [Me] "So, what do you think of those Waterloo students?" [Him] "I hate them...they're taking all our jobs!!!" ...I could not be more proud to be from Waterloo :).”



## Maximizing Care for Patients with Alzheimer's Disease & Related Disorders: An Opportunity for Pharmacists

Sarah Johnson, UW CAPSI Jr. Education & Outreach Coordinator

*The Calendar of Health Promotion* (<http://www.hc-sc.gc.ca/ahc-asc/calend/index-eng.php>) lists health days, weeks and months that have been announced by recognized health organizations. Your local CAPSI council is showcasing an event each month to raise health awareness. Watch out for the February event coming soon and of course, **Pharmacists Awareness Week (PAW)** in March! In January, as a part of Alzheimer's Awareness Month, Dr. Rojas-Fernandez spoke about the role of the pharmacist at the Centre for Family Medicine's (CFFM) Memory Clinic.

Before 2006, the CFFM Memory Clinic did not include a pharmacist. Now, the clinic thrives on the clinical expertise of

their geriatric pharmacists. Thanks to this unique role, more pharmacists will be taking part in Memory Clinics as they emerge in FHTs across Ontario. Dr. Fernandez stated that he is looking forward to a weekend of training health professionals to participate in these Memory Clinics.

Continued on Page 4



# Fresh from the Pharm

A Culinary Blog by Chelsea Barr, Rx2013

## Pan-Seared Scallop, Goat Cheese, & Warm Mushroom Salad

This salad is for the days when you want a hearty, warm, rich meal but can't bring yourself to make anything more than a salad. It's easy enough to put together any night of the week and yet seems like you spent hours scrutinizing the technique Mario Batali and Gordon Ramsay on food network! Take a chance with the scallops....they're a lot easier than they look!

### Pan-seared scallop, goat cheese and warm mushroom salad

1 box organic baby spinach

2 tbsp goat cheese

1/4 thinly sliced red onion

1/2 zucchini, sliced

2 cups mushrooms, sliced

15 Nova Scotia scallops, frozen

4 tbsp balsamic vinaigrette

Salt & pepper

Extra virgin olive oil

Remove the frozen scallops from the freezer, transfer to a dish and cover with plastic

wrap. Thaw in the refrigerator for at least 24 hours.

Once thawed, remove scallops from dish and place onto paper towel. Pat dry. Season with salt and pepper.

Drizzle a hot frying pan with olive oil and sauté mushrooms and zucchini until soft. Remove from heat and divide evenly over salad. Sprinkle with crumbled goat cheese (an FYI - I chose not to warm the onions because I think the crispness added to the spinach salad. They could be nice caramelized too!)

With the frying pan still hot, add it fresh olive oil and place half the scallops, flat side down, into the pan. Sear for about 5 minutes until the scallop appears opaque and mostly cooked through. Flip over and sear for an additional minute. Place them on top of the warmed mushrooms and zucchini. Drizzle with balsamic vinaigrette and serve immediately.

Now, isn't that the most gourmet salad you've ever made on your own? I'd have to say it is!



### Continued from Page 3

The success of the pharmacist in disease state management in a clinic setting is expanding, and students could not be more excited.

Memory Clinics address some of the current issues in caring for patients with Alzheimer's Disease (AD). Health care professionals' knowledge of this devastating disease is often limited and there is not enough time dedicated to these patients. Drugs used to treat this disease are complicated and limited. So how do pharmacists fit in? First of all, they ensure safe and effective pharmacotherapy for cognitive and functional symptoms of AD. Monitoring therapy and education for patients and family members is also important.

In the community, pharmacists are often first line providers for family members and patients with this degenerative disease. At the CFFM Memory Clinic, there is a systematic approach to disease management initiatives. Patients are referred by their MDs and attend the clinic with a spouse or caregiver. The clinic is scheduled once a week and patients meet with a nurse, social worker and clinical pharmacist. In group and individual consultation rooms, each health care professional plays a crucial role. The nurse reviews socio-demographic forms, performs intake interview and administers various cognitive test. A social worker assesses depression, caregiver burden, and needs for home supports. The clinical pharmacist assesses medication appropriateness, vascular risk factor control and medication adherence. The team meets in a conference room privately to review all aspects of the case, diagnoses and necessary interventions. The team then meets again with the patient and caregiver to discuss the plan and arrange follow up, often in 3-6 months.

Dr. Fernandez concluded his lecture with the challenges and rewards of his role, and the intriguing question... 'are you up to it'? Thanks to all the CAPSI members who attended and to Dr. Fernandez for sharing with us his role at the Centre for Family Medicine. See you at the next local CAPSI Education and Outreach Event!

## The Ontario Pharmacists' Association

Hey 2015's!

In case you missed my awesome video or don't have Facebook I would like to introduce myself once again.

My name is Nick Malian and I am the University of Waterloo's student representative on the Board of Directors with the Ontario Pharmacists' Association (OPA).

The Ontario Pharmacists' Association represents the views and interests of more than 12000 pharmacists and pharmacy students across Ontario in a variety of practice settings such as hospital, community pharmacy, government, family health teams, long-term care facilities, and universities.

As your voice for advocacy, the OPA works tirelessly to ensure that pharmacists' are represented and are able to practice to their full potential. The OPA offers a number of continuing education courses (some complimentary!) to ensure that pharmacists' have the most up to date skill set. The OPA also works closely with the government of Ontario and other stakeholders to ensure that the role of the pharmacist is at the forefront of health care.

So how can you get involved with the OPA?

Step 1: Become a member

Step 2: Reap the benefits...

Corporate GoodLife Fitness membership discount which works out to being \$30 a month and includes the ability to use any facility in Ontario...definitely ideal for co-op!

Free access to the online version of RxFiles. This is a great tool for evidence-based drug comparison charts that will help you get through IPFC!

Step 3: Email me about your views on the profession, what you want the OPA to do, or what you want to do for the OPA

Step 4: Reap more benefits...

Weekly OPA Bulletins (via email) that keep you abreast in the world of pharmacy and health care

An extremely discounted Personal Liability Insurance rate...\$27 with membership

Step 5: Attend the annual conference to network and learn what the profession of pharmacy is like in the real world and even meet a future employer or two!

Step 6: The sky is the limit. We are always looking for students to be involved with the OPA whether it is as an intern, student representative, or an advocate for the profession.

I strongly encourage you to visit [www.opatoday.com](http://www.opatoday.com) or email me at [mmalian@uwaterloo.ca](mailto:mmalian@uwaterloo.ca) if you have any questions about membership or about the OPA and how you can get involved.

If you want to sign up today visit <http://www.opatoday.com/opa/membership2012/> and make sure you select the first option under the student section!

Nick Malian - OPA Student Representative



## The Coldest Night of The Year PHiG Event

By Ashley Seo, PHiG Group 11

Downtown Kitchener is "sketchy". There are nameless people on the streets who we try to stay away from. They are the forgotten in our society. "The Coldest Night of the Year" brings the spotlight back to the people who normally get no attention. 497

participants on February 25th gathered together to raise money and awareness for Ray of Hope, an organization dedicated to providing a safe, warm place to sleep every night of the year, a meal a day, and a safe place for people to seek refuge. The School of Pharmacy had the pleasure of serving as a rest station for this event, providing hot drinks and snacks. This event truly reminds us that everyone is worth it.



# The Role of the Community Pharmacist...OTC's, Counting by 5's, and... Critical Appraising?

By Nick Malian - Rx2013

I was extremely thrilled to be back in Windsor for my third coop. I work in a community pharmacy where I perform MedsChecks 24/7. It's really an amazing feeling to apply my enhanced skill to patients and knowing that I'm making a difference in their lives. But what I'm more excited about is how I can personally promote the profession of pharmacy with every patient I see...

...here's the back story.

I attended the Canadian Association of Pharmacy Students and Interns (CAPSI) annual conference, Professional Development Week (PDW) in Halifax this year. Besides having an amazing time meeting students from across Canada and winning the 50/50 raffle prize with Chelsea Barr #mynewbestfriend I attended a slew of insightful speakers that helped me realize that it's up to US, pharmacists and pharmacy students, to really advocate for the profession.

In particular, Glenn Rodrigues, an associate professor with Dalhousie University and community pharmacist gave a very compelling talk about the role that individual pharmacists have when advocating for the profession. In short, he made the case that **it's up to each individual pharmacist to take on new roles and implement new services for their patients that reflect the expanding scope we have all been waiting for.** By doing this we can help change the way people view our profession.

It's not enough for national (CPhA) and provincial (OPA and CSHP) associations to advocate for pharmacy. As "frontline" health practitioners we're the ones that ACTUALLY have to apply the legislative changes and innovative ideas to our individual practices. We can't expect "the other pharmacists" to be providing MedsChecks and identifying drug therapies in hopes that patients realize that we do more than simply count pills.

...so with that in mind, just last week during a MedsCheck I was asked, "Do cholesterol



lowering medications cause cancer? I read an article in the "paper" this week that it said they do."

At first I was perplexed but knew there had to be some rationale for this claim. My initial response was "I had never heard that and neither have any of the pharmacists here."

But as the diligent student that I am, rather than the progressive pharmacy student that I am I decided to investigate further because this was an opportunity to demonstrate that pharmacists do more than just slang drugs and make money. I wanted to show my patient that pharmacists have the tools and talent to provide added value to their MedsCheck experience.

So I put on my Critical Appraising hat (ya I actually have one) and went to work.

Much to my chagrin, the patient was correct. According to the article (which was written by a physician), a recent trial (PROSPER) found an increase in cancer deaths in patients using cholesterol lowering-drugs (i.e. statins).

The trial did find that (keep in mind that my patient is male) "post-menopausal women between the ages of 50-79 did see an increase in the incidence of cancer after using cholesterol lowering-drugs" but here's the kicker (which was not mentioned in the news article) "this rate was still lower than the expected incidence of cancer in this general age group".

Huh? People using cholesterol lowering drugs may develop cancer BUT it's not as often as people that don't use these drugs? This is hardly what was purported in the news article. And more importantly, would the patient have stopped taking his "statin" if I did not intervene?

The moral of the story is not to bash the news media or medical contributors or to say that pharmacists are not already critically appraising clinical trials for patients. Some pharmacists may have scoffed at the question and simply replied with a "No, that's not true" or "I've never heard of that", which is fine. But I really think that showing the patient that we can review clinical trials and providing a lay-mans explanations truly show's our value as direct patient care providers.

More importantly after I followed up with the patient he felt at ease knowing that the article he read did not pertain to his situation and was extremely grateful that I took the time to give him the most accurate and complete answer to his question.

So the moral of the story is to advocate for the profession THROUGH ACTIONS by doing more than just filling scripts, even if you are a student. It does not have to be anything outstanding. Something simple as reviewing a clinical trial and following up with the patient can be just enough to create the opinion that, pharmacists are not only the most trusted profession in Canada but also the most valued profession.

# COLD-FX, WHAT FX?

By: Mahmood El-sweisi, Mike Kani, Rx 2014

## Relevance:

- It is a concentrated extract derived from North American ginseng
- Currently, Cold-FX is the number one selling cold and flu remedy in Canada
- Approved by Heath Canada in 2007
- The following paper was involved in phase II Clinical Trials:

## Objective/Introduction:

- To compare Cold-FX with placebo in preventing acute respiratory illness (ARI) among the elderly during the flu season.

## Method:

- Conducted two separate randomized, double-blinded placebo controlled trials, the results of which were later combined
- Dose- 200mg of drug or placebo twice a day
- Average age - 83
- Background - approx. 85% Caucasian
- Gender - approx. 75% female

## Primary endpoint:

- Assessed subjective symptoms of ARI such as headache, sore throat and shortness of breath

## Secondary endpoint:

- Assessed laboratory confirmed results based on cultures of potential viruses

## Results:

- The primary endpoint was not satisfied as there were no differences between the case and placebo group in terms of reported symptoms
- The secondary endpoint was satisfied after combining the two studies. The difference between laboratory confirmed tests was significant.

## Analysis:

Number needed to treat (NNT) = 13

- In a nursing home, 13 patients would have to be on Cold-FX for 2-3 months costing a total of \$702 to successfully prevent one laboratory confirmed case of ARI

## Critical Issues:

- A portion of the results may be statistically significant, but are they clinical significant?
- How might combining two separate studies conducting at two different locations and points in time impact the validity of the results?
- Since a majority of the subjects were immunized, how much of the affect observed in the case group can actually be attributed to Cold-FX?
- How would Cold-FX as a daily preventative measure compare to non-medicinal options such as frequent hand washing, a healthy diet and exercise?



## Communications Update

Hey everyone! SOPhS Communications has had a busy semester, as Dave and I work towards consolidating the way information is provided to you all!

The SOPhS website overhaul has been a steady process, and we hope that by semester's end, it will be an active resource for all of you to access for a variety of reasons. Info regarding SOPhS events, photo albums, future forums for textbook exchange and student housing, access to SOPhS updates are just among the many things we hope the website can offer to you all. We will be working closely with your class reps to have your class pages maintained regularly, with class specific updates and a calendar of events and deadlines. If you have ideas on how to improve the website or would like to get involved in helping us shape and maintain it, feel free to fire me or Dave an email!

If you'd like to learn more about submitting information for the weekly SOPhS updates, the Pharm Phile, or getting involved with the Communications subcommittee, always feel welcome to shoot me an email at [jotal@uwaterloo.ca](mailto:jotal@uwaterloo.ca), or just hit me up on Facebook if that's most convenient.

See you around!

Jaskiran Ota, Rx2014

Communications Director

## Results: key finding?

Table 5. Laboratory-Confirmed Acute Respiratory Illness (ARI) (Influenza or Respiratory Syncytial Virus (RSV))

Outcome	Trial	P-value*	OR (95%CI)†	ARR‡ %	NNT§
Symptoms of acute respiratory illness	CVT-E002-9907 (n = 89)				
	CVT-E002: 15/40 (38%)				
	Placebo: 18/49 (37%)	.94	1.03 (0.43–2.4)	1	N/A
	CVT-E002-2000-1 (n = 109)				
	CVT-E002: 18/57 (32%)	.74	0.87 (0.39–1.9)	-3	N/A
Laboratory-confirmed influenza illness	Placebo: 18/52 (35%)				
	Combined (n = 198)*	.84	0.93 (0.52–1.7)	-2	N/A
	CVT-E002: 33/97 (34%)				
	Placebo: 36/101 (36%)				
	CVT-E002-9907 (n = 89)				
Laboratory-confirmed influenza and RSV illness	CVT-E002: 0/40 (0%)	.25	MLE may not exist	-6	N/A
	Placebo: 3/49 (6%)				
	CVT-E002-2000-1 (n = 109)				
	CVT-E002: 1/57 (2%)	.19	0.21 (0.02–2.0)	-6	N/A
	Placebo: 4/52 (8%)				
	Combined (n = 198)*	.03	0.14 (0.02–0.97)	-6	17
	CVT-E002: 1/97 (1%)				
	Placebo: 7/101 (7%)				
	CVT-E002-9907 (n = 89)				
	CVT-E002: 0/40 (0%)	.25	MLE may not exist	-6	N/A
	Placebo: 3/49 (6%)				
	CVT-E002-2000-1 (n = 109)				
	CVT-E002: 1/57 (2%)	.052	0.14 (0.02–1.2)	-10	10
	Placebo: 6/52 (12%)				
	Combined (n = 198)*	.009	0.11 (0.01–0.86)	-8	12
	CVT-E002: 1/97 (1%)				
	Placebo: 9/101 (9%)				

## Co-op Chronicle: Jaskiran Otal, Rx2014

### Tell us about your co-op placement!

For my first co-op placement, I was able to self-arrange a position with Goreway Total Health Pharmacy, an independently owned store of the TH Pharmacy chain, located in Mississauga, ON. The pharmacy filled an average of 800 prescription items per day, and would often hit 1100 on Mondays or after long weekends! Our pharmacy worked very closely with the adjoined medical clinic, and with a mutual core base of patients, it allowed for what I saw to be seamless care directly due to great inter-professional collaboration.

With the bare minimum of pharmacy experience before pharmacy school, it's safe to say that a large and quick learning curve was inevitable. Fortunately I worked with some amazing people who welcomed me with open arms, and taught me as much as they could. Besides, you know you're working at a great place when planning daily pranks on each other are a staple, everyone goes all out for Halloween, and every excuse for a party or potluck is taken seriously!

### What sorts of roles and responsibilities did you take on in your co-op placement.

As a pharmacy student, my supervisor was intent on ensuring that by the end of my 4 months, I would be able to complete any task within a community pharmacy. "Master every role. Ask to do more." – That's the attitude he expected me to have, and I ran with it.

I helped with the entering and filling of prescriptions (Kroll went from my worst enemy to my best friend over the 4 months), and was able to see the business side of community pharmacy through my supervisor. As I became comfortable with common medications, such as antibiotics and fast-moving chronic medications, the team of pharmacists allowed me to take the lead on various counselling sessions – these actually had me thanking professional practice labs and the pain endured while preparing for our first OSCEs! Furthermore, I was able to take the lead on at least 10 MedsCheck reviews in any given week – it baffles my mind to think about how



much I continually improve my ability to communicate with patients.

### What experience stood out to you most?

Perhaps the most interesting aspect of my work term was working in the methadone clinic within our pharmacy. With three authorized methadone prescribers in the adjoined medical clinic, the methadone clinic served over 250 patients and filled at least 100-150 methadone prescriptions a day. On Mondays and Wednesdays, our pharmacy opened at 7am to allow for 2 hours of exclusive methadone dispensing, and I would come in early those days to gain as much experience as possible. My biggest lesson learned? ATTENTION TO DETAIL! The exceptional need for diligence, and the process of double and triple checks, is without question a necessity; perhaps the scariest thing of the clinic is the potential consequences of overlooking even one pump of the methadone solution. After learning so much about social determinants of health in pharm120, it was intriguing to see many of them in play, and often times, opened my eyes to the discrepancy in access to care and the utilization of care based on the individual. I was pleased to see that the stigma that some speak of surrounding methadone clinics was not prominent at this particular location.

### Does one particular day stand out?

I had the unique opportunity to organize

and execute a Diabetes Education Clinic Day. We invited patients taking insulin to make appointments in an effort to ensure their health outcomes were being optimized. With the pharmacist, we conducted Diabetic MedsChecks, reviewed the use of insulin and their daily blood glucose levels in their log books, and went over diet and lifestyle adjustments specific to each patient. It was incredible, being able to sit down with patients and their support systems and provide individualized care – and then having patients acknowledge weeks later that the tips they went home with have resulted in the improvements they were seeking!

### What's one lesson you learned while on co-op that you did not anticipate?

In working with a large South Asian population, my fluency in Punjabi and Hindi got a full work out on a daily basis, particularly in the performing of MedsChecks and medication counselling – in doing so, I realized the immense discrepancy in the quality of care provided to such individuals. The sad reality is that patient education and understanding often takes a backseat to how busy the pharmacy may be and a lack of resources available to pharmacists; this was amplified further by various culture-wide views of perceived necessity that I sometimes even see in my own relatives – I saw

Continued on Page 9



## Continued from Page 8

all of this as inevitably leading to poor compliance and/or drug misuse. I developed a teach back strategy in my interactions with South Asian elders that worked effectively in educating them on medication use, and taught this technique to the technicians on staff who often provided translations for our team of pharmacists. As my boss reiterated, it shows how the community setting really requires you to be continually adapting based on the needs of patients.

### Final Thoughts?

Coming into pharmacy school, I had what some could consider the bare minimum of experience - it was this work term that opened my eyes to a whole list of opportunities within our profession. Being told by patients that they would miss seeing your face at the pharmacy, providing personalized health care to each patient, and bonding with

co-workers to form legitimate friendships highlighted the unique advantages that working in a community pharmacy can hold.



## SOPhS Website Update

I apologize again for the delay on the website! You'll have noticed that there haven't been many changes since the last newsletter but behind the scenes there has been lots happening in preparation for us to run the site ourselves.

We are still at a point where not all of the visible pages contain accurate content and that information, particularly on the Home page, is filler content that is meant to be replaced by actual updates.

We now have a functioning Contact Us form which can be used to ask questions to council and provide information to anyone who needs it. We also have a small photo gallery up which will soon be replaced with many different galleries. We're hoping to have all of the class calendars up soon as well. Thanks for your continued patience!

## Pharmacy Phile ISSUE 31 - February 2012

## Upcoming Events

**Our SOPhS Updates are now online! Click the following links to access the most recent SOPhS Update:**

[SOPhS Update - February 28, 2012 - Week 8](#)

### Pharmacist Awareness Week

Each year in March, Pharmacist Awareness Week (PAW) provides a unique opportunity to highlight and celebrate the many ways that pharmacists help their patients to enjoy better health every day. During PAW (March 4-10 2012), pharmacists are reminding Canadians that whether it be in community pharmacies, hospitals, family health teams or nursing homes, pharmacists are there to provide support and patient education.

### OPA Cup 2012

It's that time of the year for the event of all events....the faculties of pharmacy from U of T and UW battle for the OPA Student Cup. The 4th annual student cup is promising to be an exciting event. UW is looking for its second win of the series after completely and utterly destroying the U of T Varsity Blues 10-2 in last years bout. But U of T is looking for revenge as they try to extend the series to 3 -1 in their favour. After the game, you are all invited to attend the after-party at McCabe's pub on King st (a block away from the pharmacy building) for free food.

Please check out 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](mailto: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.ca](http://www.sophs.ca)



# SOPhS 6 Week Calendar

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Week 8</b>	26 NBA All-Star Game Party	27	28	29 Psychiatry Interest Group Event (IHB 2018)  RSVP Deadline for Raptors Trip	March 1 OxyNEO Presentation	2 Deadline to Submit PAW Skits  Spirit Wear Pick Up	3
<b>Week 9</b>	4 CAPSI PAW	5 CAPSI PAW	6 CAPSI PAW Community Outreach Booth PIC Seminar Skits Night	7 CAPSI PAW Third Party Insurance Panel Discussion SOPhS Meeting	8 CAPSI PAW Health Fair from 5-7 pm PIC Seminar	9 CAPSI PAW High School Outreach Event	10 CAPSI PAW OPA Cup
<b>Week 10</b>	11	12 Future Outlook Seminar	13 Scholarship Open House @ Toronto Rehab	14 Town Hall Meeting @ 7 pm	15 CSHP Student Council Applications Due	16	17
<b>Week 11</b>	18	19	20	21	22	23 Raptors Basketball Trip	24
<b>Week 12</b>	25	26	27	28	29 SOPhS Council Meeting	30 OPSIS 2012	31 OPSIS 2012
<b>Week 13</b>	April 1 OPSIS 2012	2 Last Day of Classes	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 in the process of adding class calendars to the website and it is our hope that these calendars will provide you with all of the event and deadline information you need during each term.

If you would like to add an event to the SOPhS calendar please email Caitlin at [c3meyer@uwaterloo.ca](mailto:c3meyer@uwaterloo.ca)