

PHARMACY PHILE

University of Waterloo Society of Pharmacy Students
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CONGRATS CLASS OF 2012!



PRESIDENT & VP'S MESSAGE

Hi everyone!

Although seemingly unbelievable, it's both very exciting and true- the 2012's are DONE! After four long years here at UW Pharmacy, they're out in the real world. Way to go! We were both fortunate enough to attend this year's Grad Formal themed 'Embrace The Grey', and what a spectacular event it was! From the stunning decor, to the delicious food, and hilarious entertainment (shout out to the impressive comic stylings of Mandip Khela), the entire evening was truly memorable for those present. Congratulations to Jillian and the Graduation Committee for organizing such a special night.

As one class graduates, a new class is set to arrive (well, in January). Planning for Phrosh Week 2013 has begun! Stay tuned for more news regarding how you can get involved with this year's orientation. We will also be looking for volunteers to become big siblings for student in the Rx2016 class.

Looks like summer is coming to an end. We're secretly very jealous of all of you who have used your breaks wisely, travel-

ling the country and even beyond to Europe and Africa! No doubt, this leisure time is well deserved and completely necessary since we all work so hard during our school and co-op terms. Speaking of which...get ready for a fun-filled fall term 2014s!!

We'd like to finish this newsletter piece with our follow-up to this year's Town Hall meetings. After compiling all your thoughts, concerns, and suggestions, we brought forward your feedback to Dr. Edwards and Ken Potvin. On **Page 9** you will find a summary of the work that has been done to address your concerns; it is a true reflection that your voices are being heard.

Again, we really want to thank you all for actively participating in these forums and being so altruistic with your time to help improve our overall experience here at UW pharmacy. As always, we are open to hearing from you and appreciate your support as we all work together to improve not only our school, but our profession.

Best Wishes,
Saleema and Danielle

IN THIS ISSUE

- 1 President & VP's Message
- 2 CAPSI Competitions
- 2 CAPSI Corner: Shan's Story & Run for the Cure
- 3 Faculty Spotlight: Dr. Nardine Nakhla
- 4-5 Rx2014 & Co-op Lessons
- 5 Stressed? Don't Forget The Cheese
- 6 Co-op Chronicle: Andrew Cornacchia
- 7 Rx2012 Graduation Awards Winners
- 8 Rx2012 Graduation Formal Pictures
- 9 Spring Town Hall Summary
- 10 CSHP 2015
- 11 SOPhS 6 Week Calendar



 **SOPhS**
SOCIETY OF PHARMACY STUDENTS

CAPSI COMPETITIONS

As the Fall term begins, we all know there are 3 events that everyone looks forward to: Thanksgiving, Halloween and yes you guessed it - CAPSI COMPETITIONS! For those of you who are unfamiliar with the competitions, there are 4 in total:

1) OTC Challenge - You will be presented with a case and you will have 10 minutes in the OTC aisle to counsel a standardized patient. The winner will earn a stipend towards PDW 2013 and have the chance to compete in the National OTC Challenge on behalf of UW!

2) Patient Interview Challenge (PIC) Competition - You will have 10 minutes to interview a standardized patient, determine and prioritize the therapeutic problems presented to you, and make an appropriate recommendation. The winner will get a

stipend towards PDW 2103 and a chance to represent UW in the National PIC competition!

3) Student Literary Challenge (SLC) Competition - You will be provided with an essay topic related to pharmacy and will email your submission - therefore, you can compete in this even if you won't be around KW during competition time. The winner will have the chance to have their article published in the CPhA Journal, represent UW in the National SLC challenge and earn a stipend towards PDW 2013!

4) Compounding Competition - the only team challenge where you must compete in teams of 4. You will have 1 hour to make 3 compounds using the provided materials. Members of the winning team will earn a stipend towards PDW 2013 plus a chance to

represent UW in the National Compounding Competition!

The tentative date for the competitions is Saturday October 13, 2012. Sign-up lists will be sent out in late September and are open to CAPSI members only! You can compete in one or all four of these competitions. Keep in mind that we will be having community pharmacists, professors/faculty as well as upper year students judging these competitions -that means you will receive VALUABLE feedback which will help you in your co-ops and PPL courses plus you're not being marked so there is NO PRESSURE!

If you have any questions about the competitions, send them to lktan@uwaterloo.ca. Start making your teams and brushing up on your PPL/essay writing skills now!

Ludmila Tan and Holly Meginnis
CAPSI Senior and Junior Competitions Coordinators

CAPSI CORNER: SHAN'S STORY

A Run for the Cure Update

Written by: Sarah Johnson
UW Junior CAPSI Representative

I knew very little about breast cancer until I met 22 year old Shanna Larsen. I met Shanna in the skating club dressing room when I was 13 years old. She was the new skating coach and I held my first part-time job at the arena playing music for the skaters. I remember thinking, "Wow, this girl is so cool!"

I didn't see or hear anything about Shanna until I was 15 years old. I had just been hired as a lifeguard at the local swimming pool. Shanna had died the year before, which I learned from reading a plaque in the pool's entrance. She had been a beloved lifeguard and swimming instructor throughout High School. Shanna was young, beautiful, athletic and had her whole life ahead of her. Here is Shanna's story:

"Our daughter, Shanna (Shan), was diagnosed with metastatic breast cancer following months of excessive bone pain, increased symptoms of ill health, and parental concern. Shanna was not diagnosed until the breast cancer had spread from her breast to her bones and then to her liver. Shan died less than 4 months later.

Despite decades of early detection messaging, none of the three primary care providers or the bone specialist who saw Shan during her illness had cancer on their checklist.

Diagnosed with a common, benign condition, we were reassured that Shanna would be fine. On her sixth visit for medical follow-up, Shan was told by our family physician that if she returned she would be put on antidepressants. At the time, her symptoms had increased and included unresolved bone pain, fatigue, headaches, nausea, and weakness. We were very concerned and I requested further testing. It was then that an abnormal liver function test alerted our doctor to something more serious and Shan was accurately diagnosed.

From the initial onset of her symptoms, the health care system we trusted failed Shanna. The physicians looked for what was common in an otherwise healthy 23 year old. When her symptoms persisted, the "weird, bizarre or out of the ordinary" were not ruled out. Cancer was not on their radar. Too many teenagers and young adults with cancer face delays in diagnosis and valuable treatment time against an aggressive, insidious, often fatal disease is lost. For Shan, the war was over before she could begin the battle. Cancer was allowed to win.

Shan lost her life, her dreams, and goals for the future. Her potential and that for society was also lost. Shanna was a skilled lifeguard, talented artist, professional figure skating coach and university graduate heading off to teacher's college. She had a passion for life and working with young children. Shan is sadly missed.



Young adults need the knowledge of symptoms and self-help strategies to know their bodies, have the opportunity to self-detect and obtain early medical diagnosis. They also need to be empowered to ask "Could this be Cancer?"

- Lorna Larsen (Shanna's Mom), taken from www.touchyourselftrustyourself.ca/lived/shanna.php

For more information about Shanna and breast cancer in younger women see <http://www.teamshan.ca>. Shanna's story motivated me to become involved in the Run for the Cure initiatives here at UW. I hope her story will make you or someone you know more aware.

To donate or join our team in the CIBC Run for the Cure September 30th, 2012 visit http://www.runfortheCure.com/site/TR/RunForTheCureFY13/Ontario?team_id=29111&pg=team&fr_id=1436.

FACULTY SPOTLIGHT

Dr. Nardine Nakhla

If I had to phone a friend for something OTC or self-care related, I've heard I'd be a fool to not make that call to Dr. Nardine Nakhla.

Dr. Nakhla has been at the School of Pharmacy for 3.5 years now and I thought it would be great for us to get to know a little more about her.

JO: Tell us a little bit about your pharmacy background - where did you earn your pharmacy degree? Aside from imparting knowledge to students at the school, where else do you currently practice pharmacy?

NN: I graduated from Albany College of Pharmacy with my PharmD in May 2007. Since graduation I have been employed in both community pharmacy and academia settings. I currently practice in two different independent pharmacies: St. Mark's Pharmacy (Oakville) and United Drug Mart (Toronto).

I am also a member of the Ontario College of Pharmacist's Jurisprudence Committee, Nonprescription Medicines Academy, American Pharmacists Association, and OPA.

JO: Where do you feel community pharmacy has the biggest potential to make a clinical impact on the lives of patients?

NN: I'm clearly a bit biased but I would say definitely in the area of self-care and minor ailments. A move to more self-care is being promoted here in Canada and worldwide in an effort to divert people from the formal system and to save resources while hopefully still meeting acceptable levels of care.

As pharmacists (and pharmacy students), I would definitely say that being able to recognize signs and symptoms of common minor ailments as well as being able to accurately rule out red flags are bound to make huge clinical impact in the lives of patients. As Dr. Jeff Taylor has said, "pharmacists have a balancing act to perform; being aware of patient need for information, intervening when problems arise, continuing to build public perception that OTC are medicines requiring due care, but at the same time not being overly paternalistic or impinging on patient

opportunity to choose medication."

JO: Briefly describe your teaching philosophy.

NN: Teaching, for me, is an opportunity to inspire an appreciation and curiosity for the OTC-world in my students. As a passionate educator, my goal is to produce students who are life-long learners and thinkers, constantly evaluating the world around them, and who are eager to pass on their classroom knowledge to other students and the public at large. As many students learn in different ways, I try to incorporate different formats for the lecture material from group discussion, role-playing, patient cases, and short videos so that the material is approachable to all types of learners.

JO: Pharm129 Professional Practice I is a fairly daunting course for students (cough, understatement). In your opinion, what's the best way to tackle it all as we move through our degree and get out into the "real world"?

NN: One of the ways to tackle it all is to apply and process your learned knowledge regularly rather than just memorizing it. Do this while on co-op, in other courses and in discussions with others. To summarize the numbers, learners retain approximately:

90% of what they learn when they teach someone else/use immediately.

75% of what they learn when they practice what they learned.

50% of what they learn when engaged in a group discussion.

30% of what they learn when they see a demonstration.

20% of what they learn from audio-visual.

10% of what they learn when they've learned from reading.

5% of what they learn when they've learned from lecture.

JO: What was your favourite class as a student? What (if any) was the most challenging and why?

NN: My favourite class in university was actually a Spanish elective as I adore the Spanish culture and language, which I am fluent in! My favourite pharmacy-related class was Pharmacotherapy, which did include self-care. Organic chemistry was by far the most challenging course for me.



JO: I hear you hail from the US of A... what brought you/your family north of the border? What's been the biggest difference/adjustment between living in New York and Canada?

NN: My husband brought me here four years ago. The biggest difference between living in NY and Canada ... do you have a few hours?? :)

JO: It must feel pretty great to now be on the WINNING side of an Olympic Hockey Gold Medal? (Sorry, the Canadian in me had to!).

NN: My husband says this to me often! I then remind him of the results of the most recent Olympic Women's Soccer game...

JO: I guess I deserved that - that soccer semi-final was heartbreaking!

If you weren't a pharmacist and professor, you would be...

NN: A fashion designer!

JO: Any words of wisdom or advice for UW students?

NN: Take chances, work hard, make a priority of treating people right, operate with the highest integrity and try to always give back. Finally, never underestimate the importance of a positive attitude in life.

CO-OP LESSONS

Brought to you by Rx2014

A key-defining feature of the pharmacy program at the University of Waterloo is the experiential learning opportunities implemented through co-op work terms. Co-op allows the pharmacy students to integrate and apply their academic knowledge with hands-on work experience. As future pharmacists, each co-op term provides the students with new lessons; all which help the students to develop the necessary skill-set to become competent, ethical, compassionate pharmacists. The class of 2014 has now completed their second work term, and we would like to share the lessons we learned during this past term. Enjoy!

- Lilly Yonadam, Rx2014

Listen to your patients as closely as possible because sometimes you learn more from them than they do from you.

Many times we are the closest contact with a doctor that a patient has, and it's the most crucial time for us to be an advocate for these patients. There are always problems that the patient swears the doctor is aware of, but will do nothing about, until we step in. A simple fax with a confident recommendation is all it takes to let a patient know that their input on their ownhealth is valued.

Never assume.

Student: cholestyramine is for your cholesterol.

Patient: What? I don't have high cholesterol. (patient gets flustered). I thought my doctor prescribed something for diarrhea....

Working at a hospital is a constant reminder that life is temporary. Cherish the people you love because they won't be around forever.

Nurses are amazing - they provide constant care and they know everything about their patients.

In order to be heard, you must listen first. I also learned that 80 year old men still have game.

Through interacting with patients, the biggest lesson I learned was how to translate pharmacy jargon into digestible patient friendly language.

A patient's medication list is only a mere indication of what they're ACTUALLY taking.

Technology and social networks are part of the evolving future of health care. Patients want more personalized information, and they want it now. We, as pharmacists, need to be on board and participate in these innovations in order to continue to remain relevant.

Maintaining good health is your responsibility; the most selfless thing you can do for the people you love is to take care of yourself.

Working with a great team can make all the difference in the world!

No matter what you're doing, and however menial a task may seem, remember that we are all working together to each contribute our part to make up the whole picture... that whole picture in many cases involves a patient; one whose life will be impacted by your work!

Never make up something on an prescription if you don't understand it, every scribble counts on a prescription, better be safe than sorry. First check with the patient, if they don't know, get a second opinion or contact the doctor.

When you're putting away inventory, OWN IT!

DINs. Don't ignore the numbers!

Although pharmacists claim that the primary factors that drive the uptake of new patient care tools and services are 1) financial incentive 2) job fulfillment and 3) duty towards patients, research shows that the most critical factor is in fact *change in management*.

Never assume that the doctor is right. I received a prescription for depo-medrol for a middle-aged female. When I inquired about what it was for, she said birth control. A mistake that would have never been noticed by the patient and she would have thought that she was covered.

Smile. It's infectious (without needing to gown and glove up before entering the patient's room).

ALWAYS check the weight of a child when dispensing antibiotics/epipen etc. MD's are not error-free as some may think!

Admit when you don't know something, and then go find the answer. Patients believe what you tell them, so tell them the right thing.

Sometimes, the best thing you can do for a patient is to sit back and just listen. Let

them vent. Let them complain. Be patient. It'll likely make them feel better, and it'll make your patient interview/counseling go much better...win-win.

Attitude is everything. There will be times when you are praised, times when you are yelled at, times when you completely make the wrong decision, and times when you will be bored. Your attitude is what will define your co-op experience and what you gain from that experience.

The lesson that stands out the most to me is the power of perception. Perception is said to "eat strategy for breakfast, lunch and dinner". That is regardless of how much you strategize to accomplish something, be sure perception is in your favor or you are bound to fail.

The wealthiest thing you will ever own is good health.

I'm glad pharmacists don't sit at a desk all day.

Pay attention! In the pharmacy department at a hospital, we have a tubing system for orders and meds to be sent from one area of the hospital to another ASAP. One day the pharmacy got an order sent down from a doctor that said "Sandwich STAT". ...I think they meant to send it to the dietician rather than the pharmacist, but I can't be sure...

Dress smart. You are a young professional now, and people have expectations of what that should look like. A patient's first impression of you is very important, and dressing the part goes a long way to helping you earn their respect.

Every institution's discharge is another's admission.

Rack the brains of the pharmacists you work with to see how they determine which resource to use when there's something to look up. I find that's my biggest challenge sometimes - not knowing where to look and you learn a lot about a variety of resources and what they can offer you.

Hold biweekly meetings with your preceptor to gain feedback. It really help gauge how you can improve and what you're doing well.

Be ready for team stretches at all times, and yes, dance-offs are always a good time.

Be yourself on day one and every day after that. It pays dividends.

Continued on Page 5

Advice From The Patient Bedside: Stressed? Don't Forget The Cheese

Written by: Jaskiran Otal, Rx2014

This summer, I spent my co-op term working primarily in the emergency department of a hospital completing best possible medication histories (BPMHs) as a part of the medication reconciliation process. I observed, completed, and learned much more than I would have anticipated, and for that I'm very grateful. However, this isn't about anything clinical.

This is about a patient I got to know quite well over his several visits to the ER. Meet "D" - perhaps the kindest, most pleasant, and sharpest 89 year old gentleman I've ever met. If you know me well, you know that an easy going nature and sarcastic conversations are key; naturally, D and I bonded instantly.

In June, while completing a BPMH on D, our conversation strayed from medications and he asked me what I wanted from life and pharmacy. Without feeling the need to get philosophical, I answered simply and honestly: "I want to be happy in everything I do, as cheesy as that is. Pharmacy is one part of the formula." He laughed and said "adding cheese is ALWAYS a good move. Everyone should want to be happy. And cheese makes people happy...unless they're lactose intolerant."

D was a teacher, principal, and ultimately, a superintendent in the public school system. At the time of this admission, he was the primary caregiver for his 88-year old wife who was unable to leave the house due to dementia and other chronic conditions. His two daughters lived out of the province. Our conversations proved to be the highlight of both of our days, and I began to visit him daily for some company.

On his second day in the hospital, I went up to his floor at the end of my lunch break. Prompted by members of our school community expressing their frustration with less optimism than I would have liked, we started talking about life, school, careers, and how stress ties into it all. We both shared very simple outlooks on life - do what makes you happy. Stress is going to be present regardless, and it's about how you deal with it and what you do with it that will shape your path; stress should not define you. Paraphrased from what is now etched in my memory, D then went on a rant along the lines of:

"Nothing comes easy. You have to roll with the punches and enjoy the ride until you

reach your goal. And when you get there, be happy in the cheesiest way possible. Work through the crap you deal with now by knowing that it's worth it. Forget the life is too short monologue. Life is the longest thing you've got and you have the power to enjoy every minute of it. At my age, that's something I'm grateful for. If people aren't fulfilled by their current and potential happiness, those people aren't adding enough cheese or picked the wrong flavor. Cheese selection isn't rocket science, Jas. Definitely easier than pharmacy school. Tell those people that, will ya?"

D had come to the ER due to recurrent episodes of rectal prolapse and bleeding. He was referred for a surgical consult but was found to be in heart failure with uncontrolled atrial fibrillation and was admitted. He was known to have chronic kidney disease, prior history of heart failure, and hyperlipidemia. In the following week, he presented with evidence of acute renal failure with uremia, and he was moved to the ICU where dialysis was commenced. It was tough for me to witness a rapid decline in his condition daily, and yet, I was inspired and moved by his unwavering spirit in our conversations. Two weeks after being admitted, D passed away with his wife, daughters, and grandkids by his bedside. I don't know if I'll ever be impacted by another patient, and friend, in the same way.

It was a pleasure and privilege to get to know D as well as I did. D spoke of the students he taught, his wife, and his family in such a way that I will continue to be inspired to ensure what makes me happy will remain my focus. Professionally, it will serve as motivation for what I try to do on a daily basis as a practicing pharmacist and how I can serve patients in the same way he served his students. With his attitude on life, there's no way any of us can be slowed down from being happy with our choice to pursue pharmacy; as he said, it's up to each of us to ensure we enjoy it, every step of the way. When school has you stressing, remind yourself of that "cheesy love in your life". I normally try to avoid being so corny but this is an exception I'm willing to make just for him. Lots of cheese. It's worth it.

Sidebar: We actually did talk about our favorite cheeses after that initial conversation. Personally, I prefer cheddar, which he insisted was "very boring". D was a big mozzarella fan. Why? "Cause the best flavour is actually the one the wife likes. Make sure your future husband knows that, Jas".

Rx2014 Co-op Lessons

(Continued from Page 4)

Clavulin suspension is only stable for 7 or 10 days after reconstitution (always read on bottle)... mix only one bottle even if two are needed for one patient and explain the reason.

You are as good a pharmacist as you want to be.

DTP's are everywhere; you just need to pay attention to detail.

Keep a notepad or piece of paper to write "Things to look up" as questions or interesting topics come up during the day. Totally worth looking up after work or during your downtime (homework that's pun...?), and then reviewing what you have learned with your preceptor.

Inter-professional collaboration plays a significant role in patient safety.

I learned from interacting with patients, how important it is to be approachable. The more approachable the pharmacist, the more likely the patient will confide in them. This is crucial as patients would be confident in revealing health issues.

Addressing patient medication compliance is a routine practice for pharmacists in Ontario. It's relatively easy and routine to go lecturing a patient on the importance of adhering to their medication therapy. What's not easy and always routine is asking the right questions and establishing context. Too often we catch ourselves making generalizations and assumptions about the patient.

I made this mistake when I ranted off and lectured an older woman about her lack of compliance in taking her Crestor medication. After lecturing to her for what felt like an honest minute, she stared at me blankly - which prompted me to ask, "so why haven't you been taking your medication?" - to which she replied, "my husband died from a stroke 7 months ago, I can't afford to pay for it." Lesson learned. Ask the right questions and understand context before you jump to conclusions!

One of the pharmacists I worked with said it perfectly: your 4 years of school help you become a good learner, because it is upon graduation that you use those skills to become a lifelong student of medicine.

Co-op moves pretty fast so get your feet wet early and often or you'll miss your opportunities entirely.

CO-OP CHRONICLE

Andrew Cornacchia, Rx2014
Setting: Ministry of Health

Jaskiran Otal (JO): Briefly tell us about your roles and responsibilities at the Ministry of Health.

Andrew Cornacchia (AC): I am part of the Drug Benefit Management group in the Ontario Public Drug Programs at the Ministry of Health. My group, and indirectly me, is responsible for deciding which drugs will be funded by the Ontario Public Drug Programs (ODB, trillium, NDFP, etc). We work directly with the Committee to Evaluate Drugs (CED) to help support the group and come up with recommendations on how new drugs and older drugs should be funded.

JO: How would you describe your “typical work day”.

AC: My typical work day is not very typical. The great thing about this position is the day to day activities change constantly because there are always new drugs and new issues. Some days I will be screening new drug submissions from manufacturers to ensure they have the required documentation to move forward in our drug submission process and other days I will be looking into reports or calling certain doctors or experts to find out drug utilization and gathering case reports. As the CED meets on a monthly basis, most of our work revolves around completing reports and projects around monthly deadlines in order to have everything completed in time for the CED meeting.

JO: This is a very different field within the health care system from what we're used to hearing about as pharmacy students. What would you say is the value of pharmacist involvement in the drug submission process?

AC: Pharmacists really offer a unique perspective in the drug submission process because of our unique education in drug information as well as our unique approach to evidence based decisions. This position entails communicating with businesses, patients, the public, and other healthcare professionals, and pharmacists have the perfect blend of skills to excel in this environment and impact the drug submission process in a very positive way.

JO: What have you found most useful/applicable from our academic terms thus far, on this coop?



AC: Pharm 227 (Health Systems in Society) has definitely been the most applicable on this coop. This position greatly benefits from understanding how our health system works and the process in which this occurs.

JO: Without compromising the information that your position makes you privy to, what has been the most interesting case/situation you've experienced this summer?

AC: Not naming names or anything but... the most interesting situation was during one of our drug submissions, one of the companies involved told us that some of their competitors' products were no longer being used, even though they were recommended for funding, due to adverse events. This of course forced us to investigate on our own, meaning we had to call hospitals, pharmacies, and physicians and find out if they have had any reports such as the ones told to us by that company. Let's just say it was a lot of work and very annoying. You end up hearing a lot of crazy things while here and some of these companies are very competitive.

JO: Someone working at a hospital or family health team often gets asked about inter-professional collaboration; I'd say all teams require diverse individuals and experiences to perform well. What sorts of individuals and professionals make up the committees that you work with?

AC: Most of the members on the committees I work with are a combination of doctors and pharmacists, but we often have economists and business analysts in meet-

ings as we do have a budget within our program and it's important for us to consider whether the decisions we make are actually feasible and can be implemented in a meaningful way.

JO: What skills or experiences from this co-op term could you turn around and apply to future positions in more “traditional” pharmacist settings?

AC: This co-op term has really helped me to gain some hard skills as well as insight into decision making and using the best evidence when making a decision. It has also opened my eyes to the various stakeholders involved even in the simplest decision. I believe making the proper decision, being a funding decision here at the Ministry, or a therapeutic decision in a more traditional setting, is one of the key skills required to be a successful pharmacist and something that I have gained during this co-op.

JO: Name 3 advantages of a desk job over more traditional settings.

AC: Coffee breaks (anytime, whenever, not having to man the dispensary!); water-cooler continuing education (did you know you could save over \$100 by claiming line 270 on your tax return!); sitting down (In a super comfy ergonomic chair!)

JO: Any words of wisdom to fellow students?

AC: You define the job, the job doesn't define you. What you put in is what you will get out.



Rx2012 Graduation Awards Winners

Top Left: Ken Potvin presenting the Academic Proficiency Award to Alia Thawer.

Top Middle: Dr. Eric Schneider presenting the Valedictorian Award to Dianna Sabbah.

Top Right: Sheri Howard presenting the Future of Pharmacy Award to Stacey D'Angelo.

Right-Top: Elaine Lillie presenting the Co-operative Experience Award to Hans Lin and Xiaofei Huang (Bottom Left Corner).

Right-Bottom: Saleema Bhaidani presenting the Honourary SOPhS President & Vice-President Recognition Award to Brad Linton and Saurabh Patel.

Bottom Left: Certina Ho presenting the Community Engagement Award to Vivian Lee.

Bottom Middle: Kaitlin Bynkoski presenting the SOPhS Leadership Award to Jillian Grocholsky.

Bottom Right: Saurabh Patel presenting the Student Support Recognition Award to Certina Ho.



Rx2012 GRADUATION FORMAL



TOWN HALL FOLLOW UP

1) Prayer/Reflection Room

- We have been working directly with the Prayer Room Committee as well as the faculty and staff at UW Pharmacy to arrange for full day access to a prayer room for our students

- Currently there is a Quiet Room next door in the medical building that's available to our students from 8:30-4:30.

- We are looking at a suitable space in our own building that could be converted permanently into a prayer/reflection room and available 24/7 which we are VERY excited about

- More updates on this matter in the weeks to come!

2) Outdoor Picnic Tables

- We are in the process of getting approval to purchase and install picnic tables in the courtyard of our pharmacy building.

- We have been in dialogue with the McMaster Medical School to see if they are interested in contributing to this cause.

- Considerations that are currently being reviewed by administration include: ensuring the tables do not promote unwanted guests or loitering on our property; making sure the tables are secure enough that they will not be moved by anyone or go missing; selecting an appropriate location for the tables to be placed.

3) Fax Machine

Unfortunately, there is no fax machine in the library and using funds from the Waterloo Faculty of Science Foundation to purchase a fax machine for our school is still being reviewed for appropriateness. Based on the anticipated limited use of fax machines from our students at this point, we will conduct a trial; Barb Rae-Schneider, the administrative assistant here at UW Pharmacy has kindly offered the use of her fax machine during exceptional circumstances, which must be school or co-op related.

If you require something to be faxed that is school or co-op related, you are welcome to email her at brae@uwaterloo.ca and arrange this. Depending on how frequently students require faxing, allocating part of the FSF fund towards a fax machine will be taken into consideration

4) Up-to-Date/Lexi-Comp

We are currently in talks with administration regarding the financial feasibility of providing Lexi comp on personal handheld devices for our students. While, we understand there are benefits from having such a convenient resource, we are looking at alternatives that may be more appropriate and sustainable options for the future.

A suggestion we have put forth is the possibility of providing licenses for the online resource UpToDate. The details of this matter are being evaluated and more information will be provided when a decision has been made.

5) Improving SOPhS Transparency

As part of our commitment to increasing communication and trust between SOPhS and our student body, our council illustrated its dedication to UW Pharmacy, by presenting information about our members, our work and our finances at the Annual General Meeting.

6) WATCard use in Dispensary

- Fortunately we had Kumar present at our first town hall this year to address the use of WATCard as a form of payment in the dispensary.

- He informed us that if students here would like to use their WATCard to pay, the cost of food and beverages at the dispensary will increase to accommodate this service.

- Students present at the town hall were in agreement that they did not want to incur the increase in food and drink prices for this, and thus the service will not be provided.

7) Co-op

The co-op committee which came about as a direct result of your feedback at previous townhalls, is a perfect example of your voice in action. This committee has provided numerous opportunities to meet with employers, conducted feedback surveys, and facilitated forums to dialogue with other students about their experiences. Their hard work and dedication is appreciated as they continue to work to improve the pharmacy co-op experience for our students.

8) Counseling Services

Counselling services available at UW pharmacy are as follows:

Dave MacKay, MSW, from Counselling Services at UW main campus is available at the school of pharmacy every other Tuesday afternoon (1:30-5:00). Him and his colleagues are also able to see Pharmacy students anytime during the week at his office located in Needles Hall throughout the year.

To book an appointment with Dave or another counsellor, students can call the main line of Counselling Services (ext 32655) or they can drop by the office on the second floor of the Needles Hall building (across from the Registrar's office). When a person who has not seen a counsellor on campus previously calls or drops by the main office for the first time they will have a brief meeting with a "client assignment" counsellor to describe their concerns and counselling needs - and then a counselling appointment will be made for them.

Additionally, urgent appointment times are available every day. If a student is in crisis, counselling services will make every effort to see them the same day, or connect them with another appropriate counselling or healthcare service provider as needed.

Dave MacKay's contact information:

519-888-4567 x21329

519-888-4567 x32464

NH 2057

PHR 3008

d3mackay@uwaterloo.ca

9) Curriculum

Monique has brought forward the issues discussed at the Town Hall at the August Curriculum Committee meeting. Some of the concerns will be re-directed to the class representatives and passed along to each class respectively. The other issues were well received by the committee and are being dealt with appropriately. As of September 1st, Allison Tario will be the new student representative on the Curriculum Committee and all concerns can be addressed to her directly or at the next Town Hall in the fall term.

CSHP 2015: What it is, why we should care, and how to get involved

Written by: Niki Bajic, Rx2014

The profession of pharmacy is in the midst of change. This is nothing new to anyone associated with pharmacy, be it student, professional, or those who are interested in pharmacy as a potential career. From the moment we enter the classroom on that first day of first year of pharmacy school, our professors, potential employers and fellow students proclaim that the practice of pharmacy is evolving and that we, the newest generation of students and pharmacists, are centre-stage to this change. It was inspiring for me to listen to my seniors talk in awe about the profession and the direction in which it was headed, but at the same time, I was overwhelmed and nervous about getting involved, simply due to the number of organizations and initiatives abound and that are lobbying for change. One such initiative that deserves more attention among students is the CSHP 2015 initiative, chaired by the Canadian Society of Hospital Pharmacists (CSHP).

CSHP 2015, launched in 2008, is a vision for what pharmacy practice should look like in the year 2015. Adapted from the ASHP-2015 (American Society of Health-Systems Pharmacists), CSHP 2015 is similar to the more-familiar Blueprint for Pharmacy, in

that it strives for excellence in pharmacy practice. It differs in that CSHP 2015 is catered toward hospital and related health care settings, whereas the Blueprint is broader and addresses pharmacy practice as a whole. That being said, the two initiatives are closely linked, and CSHP 2015, while launched prior to the Blueprint for Pharmacy, is an integral part of the Blueprint and its goals.

There are 6 goals of CSHP 2015 that focus on delivering safe, effective, evidence-based medication use in patient-centred care. These goals are supported by 36 objectives with targets that are officially measured every 2 years and are published in the *Hospital Pharmacy in Canada Report*. In addition, CSHP 2015 conducts online surveys to determine the different priority levels of the varying objectives, and publishes monthly updates on the progress of CSHP 2015. For more information on CSHP 2015 goals and initiatives, you're encouraged to check out the CSHP 2015 webpage: http://www.cshp.ca/programs/cshp2015/index_e.asp.

CSHP 2015 also has some opportunities for students to get involved. In particular, the CSHP 2015 Pharmacy Student Video Competition is a way students can raise awareness



about the initiative while having a fun time and being creative (the \$500 grand prize doesn't sound too bad either)! For more information about the CSHP 2015 Pharmacy Student Video Competition, please take a look online at <http://www.cshp.ca/programs/cshp2015/docs/2015%20Video%20Competition%202012%20ADVERTISEMENT%20English.pdf> and watch last year's winning entry: http://www.cshp.ca/programs/cshp2015/2015video_e.asp

While CSHP 2015 is relatively under-the-radar at UW (for now), we encourage the student body to get involved both in school and on co-op! It is an exciting and innovative way to get your name known within hospital pharmacy, and most importantly, a great way to actively contribute to change within the profession.

Source: Carolyn Bornstein, CSHP 2015 Project Coordinator. July 2012, Canadian Society of Hospital Pharmacists. Personal Communication.

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Please check out the calendar on the next page, or the weekly SOPhS Updates, for information about all of our 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 (Communications, under Student Resources).




Society of Pharmacy Students (SOPhS)

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



SOPhS 6 WEEK CALENDAR

 Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9	10 Classes Begin	11	12	13	14 Phrosh Rep Applications due	15 Doors Open at UW Pharmacy Co-op Round 1 Apps Open (7am)
16 Terry Fox Run	17 Co-op Round 1 Closes (11:55pm)	18 UW Pharmacy Golf Invitational	19	20 Run for the Cure Bake Sale	21	22
23	24	25	26	27 Co-op Round 1 Interviews	28	29
30 CIBC Run for the Cure	October 1 Co-op Round 1 Student Rankings Open	2	3 Co-op Round 1 Student Rankings Close & Match Results	4	5 KW Oktoberfest Begins	6
7	8 Thanksgiving	9	10	11	12	13 CAPSI Competitions KW Oktoberfest Ends
14	15	16	17	18	19	20

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 Rusana at rusana.m@gmail.com