

PHARMACY PHILE

University of Waterloo Society of Pharmacy Students

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COMMITTING TO CARE & SERVICE

Jaskiran Otal, Rx2014

On November 26, 2012, Bhupender Sayain, Danielle Paes, Kacie Lunn, and I had the opportunity to attend the **Pharmacy Practice and Drugstore Canada 2012 Commitment to Care & Service Awards gala** in Toronto. Celebrating the 20th annual awards gala, pharmacists from across the nation were recognized for their commitment to the practice of pharmacy on varying levels - from patient care to health promotion, and international charitable work to inter-professional collaboration, individuals were recognized for remarkable achievements. Some of you may now be wondering: why were these four fools there?

For the second year in a row, Loblaw Pharmacy and Rogers Healthcare Group held a pharmacy student video contest. After last year's successful contest with Ontario students (which, I must add, UW Rx2013s Annick Nguyen and Gabriela Kmac won), Loblaw opened up the contest nationally to all pharmacy students. This year's theme - "The Pharmacist: Your Health and Wellness advisor".

With all the fun the four of us had in creating a video for UW's Pharmacist Awareness Week, it seemed natural to bring YBK Productions (yes, we have a name for ourselves) together once again. Our ideas snowballed with every brainstorming session; the end result - Pharmie Rae Jebesen's "Call the Pharmacy" (<http://www.youtube.com/watch?v=td3VFPzK10M>). Along with entries from the University of Saskatchewan, the University of Alberta, and the University of British Columbia, our video was selected as one of the top 4 entries (*links provided at the end of this article*) - all four teams were invited to attend the awards gala, where they were to announce the winner of the \$1000 first place prize.

All students who submitted a video to the contest were also invited to spend the afternoon of Nov 26th at the Maple Leaf Gardens location of Loblaw's Pharmacy and learn about the health and wellness programs and services offered to patients. With a dietician leading the way, we learned about the Guiding Stars

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Rx2016 Meet N' Greet



Staff Appreciation



Committing to Care & Service

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program that is catered to help consumers make healthy food choices (for more information on the program, I encourage you to visit <http://guidingstars.com/what-is-guiding-stars/>). To borrow some IPFC-4 terminology: think of this program as a population-approach similar to many clinical guidelines, with dietitians available at all Loblaws pharmacies to provide the more individualized approach necessary for complex patients with specific needs.

At the gala that evening, we had the opportunity to mingle with practicing pharmacists from a variety of settings. While enjoying a wonderful dinner, we learned about each of the national awards and the winners of each; for a list of the award winners and their stories, I encourage you to visit the Canadian Healthcare Network website by [clicking here](#)). To say that the night was inspiring would be clichéd and yet, couldn't be farther from the truth. We heard from individuals dedicated to addressing the needs of their communities, and leaders in the transformation of our profession to that of one that embodies the ideals behind patient-centered care.

When discussing expanded scope of practice across various professions, it's really easy to hear stories of practitioners "resisting to change" or of those sceptical due to issues such as reimbursement; on this night, we were able to see, hear from, and meet with pharmacists who showed us the limitless opportunities that the practice of pharma-

cy has in providing patients with what they need and want. As we see the changes our healthcare system undergoes, I think it's important for all of us take note of what is working well and build on the foundation being laid out by those preceding us. I could probably go on for a while about what all of these pharmacists had to say at the gala, and how this further motivated me to continue in my education with the optimism I hope we all have and never lose... but I might save that for another day.

At the end of the night, the gala attendees were (somehow) able to overlook our not-quite-Grammy-worthy vocal abilities and awarded us with the first place prize in the video contest (our new friends from Saskatchewan came in second!). I think all of the videos made for the contest showcased a promising future for not only our profession, but for patients on the whole.

I fully expect Waterloo Pharmacy to make it a three-peat next year, whether it's YBK Productions or any of your creative minds that throws something together during midterm season like we did. In the meantime, take a study break or wind down from a long day of work and check out some phellow pharmacies from the west side in action:

University of Saskatchewan (Second Place): Patient-Focused Care ([click here to view](#))

University of Alberta: We Can Help With That ([click here to view](#))

University of British Columbia: Next Top Pharmacist ([click here to view](#))

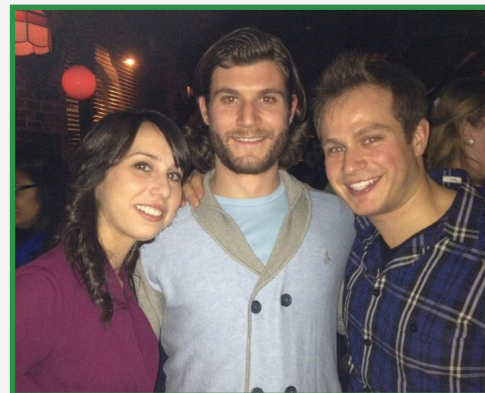


UW & UoFT SOCIAL NIGHT



Angela Quach, Rx2015 Social Rep

For the first time ever, both of the social committees of Waterloo and University of Toronto Pharmacy held a fun-filled inter-networking social event at Gracie O'Malley's Irish Pub in Toronto in November. Students from both schools were invited to come out and meet their future pharmacy colleagues in Ontario. Faces from different years made an appearance, and of course, the night ended off with some live band performance and dancing! Thank you for those who came out for the night! With great success of the event, an attempt to hold a second annual UT-Waterloo social event will occur next fall right in Kitchener! Hope to see you all again next year.



PRESIDENT & VP'S MESSAGE

And we're done!

...Well almost! In a couple more weeks, the Rx 2014 class will have battled their toughest term yet, the Rx2015's will have completed their first very co-op, and the Rx2013's will have finished their very last co-op term! Congratulations on reaching these milestones everyone!

Now let's get serious, what we're probably most excited about is that the end of November = the end of Movember. We're so proud of our boys for raising over \$500 for Men's health. I know some of you were thinking of keeping the 'staches and continuing being "Mo Bros", but it's time to shave it off! Thanks to Rx 2014's class rep, Jeff Baxter, for organizing the Movember initiative for pharmacy, and to Nicholas Cage for being such an inspiration to our boys.

The month of November was host to a number of memorable events. On the sports scene, a group of enthusiastic students went out to cheer UW Pharmacy's own varsity athlete Rachel Runnels on the volleyball court. We watched on as she bummed, set, and spiked her way to a winning set! Pharmacy fans were also present to see stellar performances at intramural playoffs for our ice hockey team. On November 30th, we had our final sporting event of the semester - a trip to Toronto to watch the Raptors in action! The Raptors impressed us with a very stressful win against Phoenix. Drake was at the game too, so we were in good company! Thank you to Mahmood El Swasi our athletic rep on campus for organizing a fun-filled term.

There is always something for everyone happening at the school! A thought pro-



voicing Journal Club was led by Rx 2014's Victor Tsang and Allen Cheng. ALOFT Bottom line: Aliskiren use in heart failure needs to be investigated further - and it is! It's always enlightening to share learning opportunities when it comes to evidence based medicine.

The Interprofessional Showcase was hosted in our building on November 14th. This evening affair brought students together from a variety of professional backgrounds; they were able to learn from each other, engage in healthy dialogue, and appreciate the benefits of collaboration. Another highlight of the month was the our Staff & Faculty Appreciation Event. On behalf of all students, SOPhS held a celebration to express our appreciation for all the work done to enrich our lives at the School of Pharmacy, whether it was through instruction, administrative support, or mentorship. Thank you to all those students who contributed, and to all the staff and faculty who attended. Let's make this a tradi-

tion!

Our final Town Hall for the year was held on November 27th. Students provided lots of constructive feedback and many good ideas were brought up to help improve the school. A summary of the follow-up discussion with Dr. Edwards and Ken Potvin will appear in the next Pharm phile so stay tuned! Thank you once again to all the students who contributed to this is extremely productive and informative town hall session.

Rx2014 finished off term 2B with some delicious Bubble Tea (yes that was supposed to rhyme)! A big thank you to our FEDS council who came out to celebrate the last day of classes with a special treat!

Only a couple weeks left in 2012 - let's make them good! Good luck on exams and your final weeks of co-op. Have a wonderful break everyone!

- Saleema and Danielle



Rx2016 MEET N' GREET



Marcus Walz, SOPhs President-Elect

Hey Everyone!

Do you remember what it was like after being accepted into Pharmacy school and knowing absolutely no one else who did? On Saturday, November 10th we decided to host a Meet N Greet to help connect these students to their fellow peers and also upper year students before the term began.

The night kicked off with a tour of the building given by world-renowned tour guider, myself. Around 30 students of the upcoming Rx2016 class gathered near the entrance in anticipation of a night filled with good times and memories that will last throughout Pharmacy school. These students were greeted by a cheerful Rx2015 class who made them feel at home as soon as they stepped foot in the building.

The tour began in the room that many of these students will be locked up in for their entire first term, room 1004. In here, were we able to not only provide

the students with some good laughs (and destroy a curtain), but also give them insight to what they would be experiencing come January. From there, the students were brought to the labs, lounges, libraries and lucrative hang out spaces we have in our building. After the tour was complete, the students were escorted over to McCabe's bar and grill for dinner and a chill atmosphere to get to know each other. Set up by Michelle Holm, the menu included delicious delicacies such as calamari, deep fried pickles and homemade pizza. We also played a slide show created by Christie Hockin summarizing the Rx2015 first year in a nutshell. The most impressive thing I noticed was how quickly everyone seemed to be mingling comfortably with each other. Sparked by the help of our class, the students began forging friendships and acquaintances that could last them the next 4 years and beyond.

After McCabe's and the plentiful amount of left over food we had; your welcome Saleema and Co., the first year students were able to experience what we call "a rowdy good time", at Dallas Nightclub. The mix of country music and top 40 got everyone dancing (Cotton Eye Joe was a personal favourite). Overall, the Meet and Greet was a huge success and I would like to thank everyone who was involved in putting it together. I look forward to help continue this tradition in future years.

Until next time...



CANCER TREATMENT: THE APPROPRIATE USE OF PUBLICLY FUNDED HEALTHCARE

Karthi Chandrakumar, Rx 2015

\$65 000 - this is the average cost of a single cancer treatment course in Canada.¹ This year, it is expected that there will be a national total of 186 400 new cancer cases, excluding the expected 81 300 non-melanoma skin cancers.² Therefore, even without considering the existing cancer population, the national total expenditure on cancer treatment is expected to be vast. Thus, the issue arises as to whether it is appropriate to use publicly funded healthcare to treat cancer patients, even if some of these treatments only extend a patient's life by a matter of months.

The answer is simple: it is most definitely appropriate to do so. When the aim of drug therapy is to extend a patient's life, it would mean that the patient is in palliative care because there is not cure for the malicious disease. Cancer patients should not have to take the financial burden in addition to all the emotional and social distress associated with the disease. As stated in the Canadian Charter of Human Rights and Freedoms, everyone has the right to life;³ no one, especially in our society, should be denied any amount of time to live simply because they cannot financially afford it. Let's start by looking at why are cancer drugs so high-priced. In general, the drug development process is risky; it is both time-consuming and costly. It takes about 10 to 15 years for a drug to reach consumers after its discovery.⁴ The average cost of the research and development process of a successful drug is \$ 800 million to \$ 1 billion.⁴ The ultimate price of the drug also takes into account the manufacturing costs, supply and demand, and other financial considerations.⁵ According to Danzon and Taylor's research on cancer drug pricing, cancer drugs, compared to non-cancer drugs, are high-priced due to cost-utility value.⁶

Currently, as per *Health Canada Act*, each province and territory's publicly funded health system is responsible for the costs associated with drugs that are administered in a hospital or a clinic.⁷ However, many provinces require patients to pay for the

take-home cancer drugs.¹ About half of the newer cancer drugs are taken at home; 75 % of these take-home drugs cost over \$ 20 000.⁸ The results of Canadian Cancer Society's poll show that the most common way to pay for cancer drugs are through workplace health benefits, using savings and earnings, and/ or through private drug plans.⁹ This means that Canadians who have low income or do not have insurance through their workplace are at a disadvantage in accessing cancer drugs. In fact, one in twelve Canadian families encounter catastrophic drug costs.⁸ Even though treatment should be based on optimal outcome regardless of a patient's financial income, 80 % of Canadian oncologists base their treatment recommendation on the patient's ability to pay.⁹

In general, the government and private insurers are aware of the disparity for low income patients and Canadian Cancer Society has made a few suggestions to overcome the inequality. Many provincial governments have launched catastrophic drug programs to minimize inequality among their residents. Private insurance companies have increased the maximum claims in response to the high drug costs.⁹ Still, there is no one standard among all the provinces and territories as for how much to charge cancer patients for prescription drugs.⁹ The Canadian Cancer Society suggests that the provincial governments, the federal government and the private sector should take a leadership role and work together to develop a National Catastrophic Drug Coverage program and ensure alignment between drug approval and funding.¹⁰ By removing the financial burden associated with treatment, cancer patients will be able to live a better quality life.

In summary, it is understandable as to why cancer drugs are high-priced, but there are ways to overcome this barrier to treatment access. Not all Canadians diagnosed with cancer can afford to pay for their treatment because the average cost of a single treatment course is about the average Canadian household income.¹ As a society, we should care for these patients and ease their drug cost-related burden -one of

many which they will encounter upon diagnosis- by using publicly funded healthcare.



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RAY OF HOPE: THE GIFT OF GIVING



Jillian Bauer, Rx2014

As a pharmacy student, we sometimes forget to take a break from our busy lives and stop to think about the things we have to be thankful for. For most of us, the opportunities our lives have presented us have been countless and our futures look just the same. For this reason, I have found it to be a very humbling experience volunteering at the Ray of Hope soup kitchen in downtown Kitchener along with my fellow classmates and members of Community Action Now (CAN).

For those of you who don't know, CAN is a student volunteer organization that contributes to society focusing on health related issues. To prepare for a night of volunteering at Ray of Hope, students are in charge of shopping for food, estimating how much to buy and also for preparing the healthy meal, such as pasta and cooked vegetables, along with ice cream

for dessert. At our most recent session we served about 160 people in 2 hours.

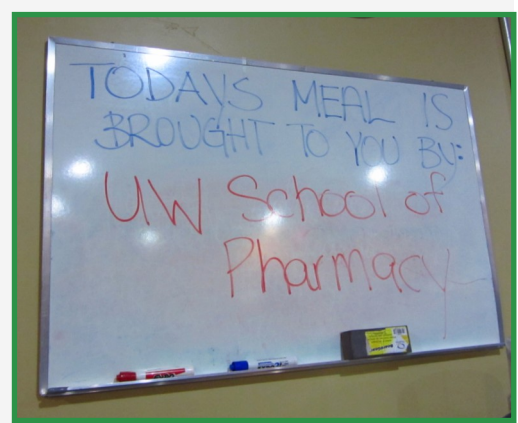
When speaking to those who volunteered along with me, we all had similar thoughts and emotions about the night. It felt great to know that we could do something for the community in a way other than as a health care professional. Some of the major things I have learned during the times I have volunteered at Ray of Hope are to appreciate the different struggles people have endured which may have led them to their current situations. It has also given me a general awareness of the different circumstances that people live in and it is truly inspiring to see how kind and appreciative the people are who use this service. Many of them even took the time to ask us about our schooling and future careers in pharmacy and wished us luck in the future. Receiving such kind words from a stranger who has every right to feel somewhat bitter was extremely heart-warming.

I think my classmates would agree that an experience like this is a reality check and reminds us of how much we have to be grateful for. It gives us the chance to step away from our busy lives and often insignificant worries and focus on the needs of others. It is important for us to keep in mind that these are all people who are part of our community. They are people you may see walking down

King St. on our way to school or who might even live in your apartment buildings. It was amazing to see that many of the regular volunteers had personal relationships with the people who often use the facility. While we served food, they would spend time sitting with the people, playing cards, chatting or just letting them know that they had someone to talk to if they needed.

So the next time you are complaining about how much work we have to do in school and feel overwhelmed with the facts of life, stop and think about how much we have. Think about how small our problems actually are and instead try and think of ways that you could reach out to someone else in need. And if given the opportunity, take the time to help out your local community in any way possible!

For more information about the Ray of Hope Community Centre, you can visit: <http://www.rayofhope.net/content/community-centre>



CO-OP CHRONICLE

Michelle Holm, Rx2015

**Setting: Janzen's Pharmacy -
Community**

Trina McFarlane (TM): What makes Janzen's Pharmacy different than your average community pharmacy?

Michelle Holm (MH): I am currently working at Janzen's in Thunder Bay. It is a locally owned and operated pharmacy and has been around for 70 years. On average we fill 3500 prescriptions a day which includes long term care homes both in and outside of the city. We do specialty compounding including animal medications. There are about 35 people on staff at one time, including 5-6 pharmacists, making it an extremely busy environment.

TM: Tell us about what you do at Janzen's.

MH: I've had an unreal experience. I have been able to do medication reviews at our 6 long term care homes, and also had the opportunity to go on road trips to initiate medication start up at some of the hospitals out of town. I've done home *MedsChecks*, in store *MedsChecks*, compounded many different types of medications including eye drops, capsules, p/o gels, suppositories and much more!

TM: Whatever you are doing in this picture looks exciting. Please do tell us!

MH: I was making an immunosuppressant compound for a patient with severe psoriasis. He had specified that he wanted something with black cumin seed oil. He had tried Protopic but he had a reaction to it so we did a tacrolimus with black cumin seed oil for him to try!

TM: Since we haven't gone into great depth about learning the medications from first year, was this a barrier when you performed medication reviews? If so, how did you overcome it?

MH: I had the opportunity to look at the patients medications ahead of time so I could review any medications I was unaware of and any potential drug therapy problems. Some challenges I had to face were when I was asked unexpected questions regarding rare side effects or potential excipients that could be causing an allergic reaction. What helped me in those situations was the luxury of being able to ask the many pharmacists



on hand. There was always someone to turn to when any questions did arise.

TM: What was your favourite medication to compound?

MH: This is a tough question. I have two. I really liked doing compounds in the sterilized fume-hood because it was a challenge every time and they didn't come in very often. The most common was a cyclosporine eyedrop that was refilled monthly for a patient and also for his dog who was on the same eyedrop. My other favourite was pediatric suspensions. I did a ceterizine suspension today for a 3 year old. I always have a great time picking the flavours. Today I made strawberry marshmallow. The children enjoy switching the flavours and trying new things! I use the compounding room as a learning environment. Every day there is something new that comes in and I have the opportunity to make.

TM: What were some personal highlights?

MH: Being in such a diverse environment I was exposed to so many different aspects of pharmacy. The best thing for me was going to the long term care homes and looking at different lab levels and making changes accordingly. I had a great preceptor who took me under her wing and shared a lot of valuable information which I will be able to use as I continue my education. It was great to be able to apply my knowledge to

make changes ultimately helping maintain my patients health.

TM: Does one day in particular stand out to you?

MH: Too be honest I can't pick just one day. Each day was a new adventure and I enjoyed each one for that reason. Tomorrow I get the chance to go sit in on a full day smoking cessation conference and next week I get to present a power point I made on medication adherence, maybe that will be the day that stands out the most! I've had too many amazing experiences to narrow this question down to one.

TM: What was the biggest lesson you learned from co-op and words of wisdom to fellow students?

MH: That we don't know everything and you never will know everything. The biggest thing is to take each day as a new opportunity to absorb as much information as possible. Take advantage of everything that comes your way. Don't hide from new things, your never going to learn if you don't try. Be confident in yourself and your abilities and don't be scared to look things up or ask questions when you are unsure. Most importantly, have fun, build relationships with your patients and co-workers... nothing is better than waking up every day and loving what you do!

CSHP: WAYS TO GET INVOLVED

Niki Bajic, CSHP Communications Committee Representative

When starting pharmacy school as first years, there are a slew of organizations that are presented to us, all of which do their best to try and convince us to become members for one reason or another. In the beginning, many of us join organizations simply for what they can provide us - free swag, discounted books, etc. However, as time goes on, students begin to realize that membership in an organization entails a lot more than just looking at what the organization can do for you. When joining a professional organization, it is equally, if not more important, to consider what you can do for the organization. With the recent formation of the CSHP Student Representative Council at the University of Waterloo, many of you may still be unsure of what CSHP membership entails, the benefits of being a member, and how joining CSHP would enhance professional fulfilment.

Firstly, for those interested in a career in hospital pharmacy, it goes without saying that CSHP is the organization to get involved with in order to raise awareness on pharmacy issues. As a CSHP member, there is ample opportunity to gain experience in advocacy via patient safety, and scope of practice. There are also a variety of sub-committee offered by CSHP that one can participate in, depending on his or her interests. Some examples of CSHP committees include awards, education, membership, fundraising, communications, residency boards, and editorial boards, just to name a few. In addition, as a practising pharmacist you will have the chance to be recognized for excellence in pharmacy practice and involvement through their various awards, including one for pharmacy students.

In particular, CSHP 2015 is an excellent way to stay connected on the important issues in hospital pharmacy through their monthly updates, virtual posters, and survey results. For students who are interested in some extra cash, CSHP 2015 is holding a student video competition that offers a \$500 prize reward. CSHP 2015 is also offering webinars to members on various topics, the first of which discussed the ensuring of evidence-based care in hospital pharmacy practice. While we aren't practising pharmacists quite yet, listening in on these webinars will no doubt strengthen our clinical skills for the future.

Interested in networking with CSHP pharma-

CAPSI CORNER

Symposium: Non-Traditional Roles in Pharmacy

On the evening of November 5th, CAPSI hosted its educational symposium for pharmacy students with the aim of providing students with information surrounding "Non-traditional Roles in Pharmacy". Nadia Facca, a pharmacist from London Health Sciences Center, was the guest speaker for the event and gave an extremely interesting talk about her role in the emerging field of personalized medicine. After students were treated to pizza and drinks, they sat down to listen to Nadia describe the important role that pharmacogenomics plays in medication management. She provided background knowledge of the topic and then applied it to practice using real-life examples from her clinic back in London.

For those who were off-campus and unable to attend the presentation, the following are a few highlights from Nadia's presentation:

In 2001, the cost of sequencing your genome was \$100,000,000/person. In 3 years, it will be <\$1000/person, less than the cost of a CT scan or an MRI!

Genetic variation can determine a patient's response to warfarin during initial anticoagulation. At London Health Sciences, personalized warfarin dosing is now a part of standard care.

Pharmacogenomics is responsible for variations in response to tamoxifen. Performing genetic testing in women with breast

cancer can predict response, and thus help guide clinicians to initiate the most effective drug therapy.

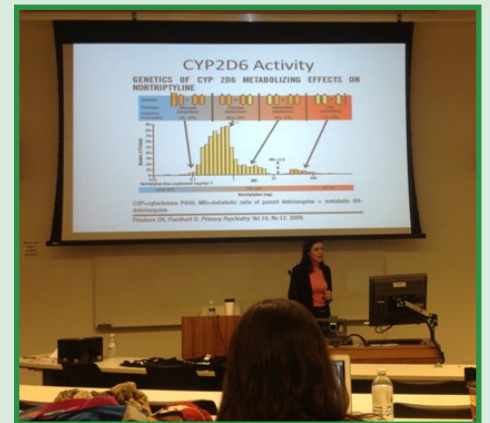
Differences in metabolism between patients can be responsible for ADRs with certain medications, such as codeine and clopidogrel. Personalized medicine can improve patient safety!

Personalized medicine is already being practiced in many US hospitals, and is no doubt going to become more prominent in patient care in the future.

To cap off the evening, CAPSI members in attendance were entered into a draw for a free Rx Files! Congratulations to Robin McArthur for winning the draw! We hoped all those who were able to make it out enjoyed the talk and we encourage everyone to participate in future CAPSI events!

Good luck to Rx2014 on your exams and to everyone for a safe and happy holiday season!

Jamie Ikola and Lisa Sunstrum
CAPSI Senior and Rx 2014 Representatives



cists? When you become an active member (licensed pharmacist) with CSHP, you will also have the opportunity to join the CSHP Executive Mentorship Program. This program pairs a CSHP member (mentee) with a CSHP Executive Officer for one year (mentor). The mentee will participate in monthly teleconferences, participate in conferences, and gain leadership experience. For those who are interested in a future career path in a pharmacy organization, this is definitely a program to be aware of in the future.

As pharmacists, it is crucial that we continue to evolve with the profession and be a catalyst

for change. Becoming involved in a pharmacy organization is an effective means to do this. It is essential, however, given the slew of pharmacy organizations, that one base one's decision more on what a pharmacist can do for the organization, and not the other way around. This will ensure that we as pharmacists are continuing to provide effective care and continue the betterment of the profession.

CSHP 2015
Targeting Excellence in Pharmacy Practice

DURING THE MONTH OF NOVEMBER...



Congratulations to the mo'-growin' bros of Rx2014 for helping to change the "phace" of men's health through their cumulative efforts in raising funds and awareness for men's health in both prostate cancer and male mental health initiatives.



Pictured Left: Nov 8th Varsity athlete Rachel Runnels (Rx2014). UW Women's Volleyball vs. Queen's University.

Pictured Right: Nov 23rd Advanced Intramural Pharmacy Hockey Team, the Slot Rockets, in their first playoff game. They went onto place 2nd in the league; congrats!



UW PHARMACY STAFF APPRECIATION



Pharmacy Phile
ISSUE 40 | November 2012

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)

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Kitchener, Ontario N2G 1C5
www.sophs.ca



SOPhS 6 WEEK CALENDAR

 Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Exam Period Dec 2	3 Last Day of Classes Rx2014 PDW Info Session 12:30-1:30pm Bubble Tea Celebration, 6pm	4	5	6 Exams Begin	7	8
Exam Period 9 CAPSI SEP Applications Due	10	11	12	13 Last day of exams (Rx. 2014)	14	15
Exam Period 16	17	18	19	20	21 Last Day of Co-op Work Term	22
Break 23	24 Christmas Eve	25 Christmas Day	26	27	28	29
Break 30	31	Jan 1 Happy New Years!	2	3	4	5
Week 1 6 Rx 2016 Welcome night	7 Rx 2016 Phrosh Week	8 Rx 2016 Phrosh Week	9 Rx 2016 Phrosh Week	10 Rx 2016 Phrosh Week	11 Rx 2016 Phrosh Week	12 Rx 2016 Phrosh Week

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.