

# PHARMACY PHILE

University of Waterloo Society of Pharmacy Students

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## PHARMACY AWARENESS WEEK

Written by: Crystal Ng, Rx2013  
UW CAPSI PAW Coordinator

Sunday March 3, 2013  
Conestoga Mall Health Screening Booth!

This year, we had an amazing event-packed Pharmacist Awareness Week (PAW) with various educational, outreach and social events! Prior to PAW, Chelsea Barr and Crystal Ng appeared on an interview with Rogers TV Daytime to promote the week and talk about the evolving role of the pharmacist to local viewers in the Kitchener/Waterloo area. Twitter and Facebook was also overflowing with tweets from @UWCAPSI with OPA (@OntPharmacists), CAPSI National (@CAPSINational), Blueprint for Pharmacy (@BlueprintPharma) and the Student Life Centre (@uwaterlooSLC).

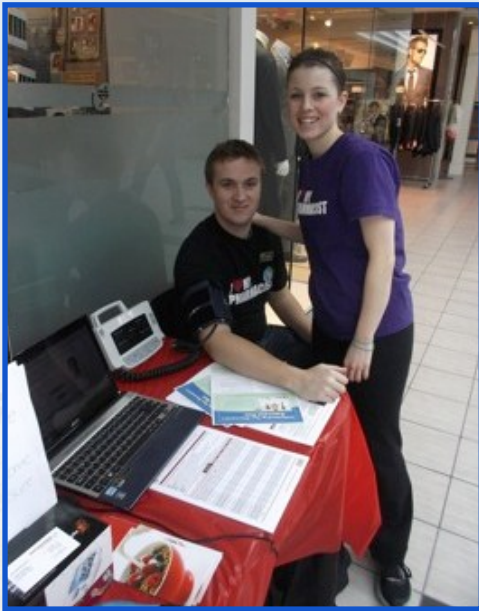
Educating the public about the role of the pharmacist, the expanding scope of practice and health screening tools was the purpose of the Health Screening Booth at Conestoga Mall. UW students had a blast teaching children about hand-washing, mall walkers about their blood pressure and shoppers about smoking cessation. With the help of Shoppers Drug Mart Conestoga Mall, students were also predicting visitor's 'Heart Age' and discussing risk reduction strategies. We were delighted to discuss the role of the

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**SOPhS**  
SOCIETY OF PHARMACY STUDENTS





**PAW 2013**  
Continued from Page 1

pharmacist and provide OCP handouts on the expanded scope of practice. Shoppers were appreciative and intrigued by the information they discovered at the PAW Health Screening Booth.

**Monday March 4, 2013**  
Kick off PAW at UW School of Pharmacy!

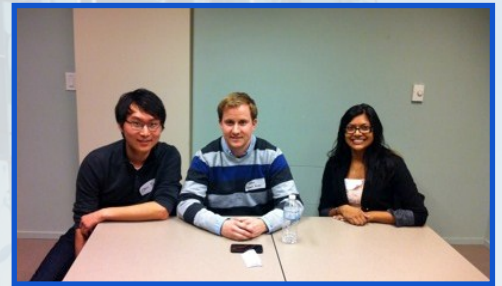
We kicked off events for Pharmacist Awareness Week with the unveiling of Future of Pharmacy Wish Trees and a complimentary breakfast sponsored by the University of Waterloo School of Pharmacy Student Success Fund. Students and pharmacy faculty staff were asked to write down their aspirations or wishes for the future of pharmacy on tags which were then hung on the trees and displayed in the hallway of the School of Pharmacy. We were honored to have pharmacy faculty such as Dr. David Edwards, Ken Potvin, Dr. Carlos Rojas-Fernandez, Dr. Andrea Edginton, Elaine Lillie, and Dr. Eric Schneider come out to show their support for this student initia-



tive! With such talented and ambitious students, we look forward to seeing these initiatives become reality in the future!

**Tuesday March 5, 2013**  
Symposium on Implementing  
New Services!

On Tuesday night, guest speakers Phil Hauser and Nick Malian spoke about keeping pharmacists indispensable by implementing unique new services in community pharmacy. Their personal experiences with the expanded scope of practice allowed students to gain insight of current practices. There was also a good discussion between the pharmacist and fourth year students about implementing clinical services such as MedsChecks, diabetes clinics and smoking cessation programs. Overall, it was a great talk which provided some hope and understanding for the first and second year co-op students



**Wednesday March 6, 2013**  
Speed Meet and Greet a Pharmacist!

Based on the premise of 'speed dating', over twenty-five exclusive first and second year students met current pharmacists from UW pharmacy alumni to network and ask questions about the varying roles of the pharmacist. Nine pharmacists participated from different fields such as community, hospital, family health team, consulting, and long-term care. First and second year students found it exceptionally useful and had a great opportunity to obtain the inside scoop on the profession to give them a better sense of direction for their promising futures.

**Thursday March 7, 2013**  
High School Outreach Seminars!

The second annual High School Outreach PAW seminars were extremely successful! Maggie Gareau, Rx 2013, did a captivating presentation on prescription drug abuse within teenagers at two local High Schools; Resurrection Catholic Secondary School and Huron Heights Secondary School. A total of approximately a hundred students were inspired by Maggie's eye opening topic. Her interactive presentation included

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# PAW 2013

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real life stories, commonly abused prescription drugs, side effects/consequences, and most importantly, what to do to get help. CAPSI would like to thank Maggie for all the time she put into this presentation and for inspiring youth to make good life decisions.

Friday March 8, 2013

## Health Fair and Pharmacy Student Social!

This year we hosted our 3<sup>rd</sup> annual PAW Health Fair on University of Waterloo main campus at the Great Hall in the Student Life Centre. Amongst student-run booths on osteoporosis, blood pressure, safety of alcohol and smoking cessation, participating community health advocacy groups included UW Wellness Centre - Peer Health, the MS society, Canadian Diabetes Association, Cystic Fibrosis Canada, the Canadian Cancer Society, and Aids Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA). University students found the

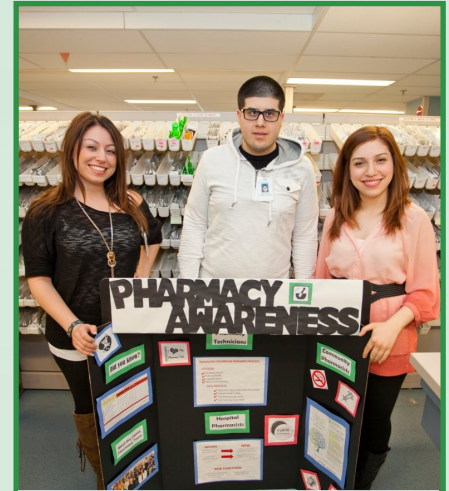
fair very valuable and were able to learn about how pharmacists can provide more healthcare such as blood pressure monitoring, smoking cessation and screening for osteoporosis! PAW

After a week of educational and outreach events, it was time to let loose. We hosted our PAW social at Firehall Nightclub with proceeds going towards the Pharmacy Grad Ball. With over 100 tickets sold, pharmacy students mingled with each other and danced the night away.

Overall, it was a great week for pharmacy students to celebrate the profession of pharmacy! CAPSI would like to thank everyone who helped out with organizing and running events this year. We were delighted to say "providing more healthcare than you know... ask a pharmacist!" to hundreds of people in the KW area.



# Pharmacy Awareness Month: Rx2014 in the Workplace!



Chatham-Kent Health Alliance



Bluewater Health



Grand River Hospital



## Providing more health care than you know

Ask a pharmacist

MARCH 3 - 9, 2013  
UW PHARMACIST AWARENESS WEEK



Pharmacists are your medication experts, and so much more. We're here to help.



# PRESIDENT & VP's MESSAGE

First off, SOPhS would like to congratulate everyone on a great semester so far! We hope that everyone has recuperated and is ready to kick it into gear for the remaining weeks of our winter term. February and March have been exciting months for SOPhS, as we have accomplished a lot of fun and exciting events so far.

**Expanded Scope of Practice** - SOPhS would like to thank Marshall Moleschi, registrar of the Ontario College of Pharmacists, for making his way down to our campus to update us on the new and exciting scope of practice for pharmacists in Ontario. It sure is an exciting time for pharmacists to be heading out into the workplace!

**CSHP Meet and Greet** - Hospital pharmacists from the KW area along with CSHP membership chair, Alice Hogg, joined over 60 students at Honest Lawyer for their annual membership drive. Students were given the opportunity to network and socialize with the overall event being a huge success!

**Pharm Super Bowl Party** - It was an exciting night for Pharmacy football fans as they cheered on the San Francisco 49ers and the Baltimore Ravens at the Honest Lawyer Pub. In a "lights-out" fashion, the Baltimore Ravens came out on top with a close score of 34-31. Thank you to all those who came out and participated.

**Wine n' Cheese** - The inter-professional Wine and Cheese event was a huge success with a large pharmacy student turnout! The night was an excellent opportunity to collaborate with other healthcare professionals as we move forward together in our

expanded scope of practice. Cheers to the stunning group of students who came out that night and indulged in some exquisite wine, food, and fantastic conversation.

**CLUBS** – Love was in the air this Valentine's Day, as Community Action Now (CAN) made it possible to send out a tasty candygram to that special someone. A total of \$260.00 was donated to the Waterloo Region Heart and Stroke Foundation for their "Heart Month Campaign." Great job! Journal Club has had two meetings so far. First to present were Mohammad Masood, Abdul Zakrat and Isidro Wong about the efficacy and safety of Echinacea in treating URTIs in children. They concluded that they would recommend this product for children between 2 and 11 years of age, only for the PREVENTION of future URIs, but NOT for treatment of symptoms. Next up was the use of aspirin and major bleeding in diabetes, led by Apoorva Kelkar, Shekhar Mehta and Mike Manojlovich. They came to the conclusion that Aspirin use was associated with an increased risk of major GI and cerebral bleeds. However, patients with diabetes had an increased rate of bleeding independent of Aspirin use. Additionally, concurrent Aspirin use with PPI and statins has a protective effect. The pharmacy Investment club (PIC) has started off the year with their first educational session in collaboration with a new sponsor, SunLife Financial. The topic of the session was "Understanding, managing, and getting out of debt".

**Hittin' the Slopes** - Pharmacy students where named kings/queens of the mountain as they strapped on their gear and enjoyed

the beautiful winter weather out at Skyloft Ski Resort. The day was filled with jumps, bumps, and sore bums, but a great turn out overall. A big thanks goes out to Pharmacy Athletics for planning these monthly activities!

Students in Rx 2016 set the tone for other PHiG groups this year by getting involved with the Ray of Hope's 'Coldest Night of the Year' walk. Close to 300 walkers were able to stop by our building and view the school as they warmed their bellies with a cup of hot chocolate. Awesome work!

We would like to thank all of the hard work that everyone has done this past month to make these events possible. Although the final stretch of this term nears, we still have many more events for you to look forward to! Pharmacy athletics will be planning a trip to see a Raptors vs. Knicks game on March 22 and OPSIS delegates from U of T and UW will be travelling to Niagara Falls for the third annual student leadership conference. Congratulations to all of those who were selected to attend this event. Most importantly, UW pharmacy hockey team will be looking to steal the OPA cup title from U of T once again. Come cheer on our pharmacy team in Toronto on April 6<sup>th</sup>! To stay up to date with all of our events, be sure to check out the SOPhS website.

Remember, there are many opportunities to get involved within our school, so get out there, stay active, and enjoy the remaining half of your school term. Best of luck studying!

Jon and Marcus





# MEDICAL MISSION TRIP TO HAITI



Jessica (forefront) and Katie (background) with a 99 year old patient



Katie (right) providing food for malnutrition

## Not Your Typical Co-op Placement

Written by: Jessica Leavitt & Katie Wakeford, Rx2015

The Fall 2012 co-op term landed us (Katie and Jessica) a placement at Shoppers Drug Mart along with the opportunity of a lifetime. We were fortunate enough to be a part of the pharmacy team who traveled to Haiti for a two-week medical mission. We went with an organization called STIMMA (Short Term International Medical Missions Abroad), a non-profit Canadian charity that has no political or religious affiliations. This was the second trip for STIMMA of their current five-year commitment with Haiti. In addition to the travelling medical clinic, STIMMA also brings along a construction team to help meet not only the medical but the physical needs of the Haitian population.

The team stayed in a compound located in Cabaret which contained an orphanage of 22 young boys, a school and church for the nearby communities, the community pastor's house, as well as the building where

the team ate, slept and connected as a group.

Haiti always seems to be in the path of natural disasters including the earthquake of 2010 and most recently having been hit by Hurricane Sandy. Being a part of the travelling medical team gave us the opportunity to see a great portion the Port-au-Prince region from the coastal town of Saint Marc to inner-city Port-au-Prince. After seeing the shambles and the still remaining tent cities, it was hard to believe that there had been much improvement since the trip the previous year.

The travelling medical clinic was often held in a school or church building. From an open air tent, similar to the ones we have wedding receptions under here in Canada, to a poorly ventilated back room of an orphanage with an open fire used for cooking. We typically used unlevelled benches stacked on top of one another to make the counter for the pharmacy. After practicing pharmacy in North America, where everything is sanitary and clean, it was unbelievable some of the places we set up practice. Unfortunately, what seems so standard for us is only a privilege to the majority of peo-

ple in Haiti.

The set-up of the medical clinic included registration, where patients were weighed and basic demographic information was documented; triage, where nurses assessed whether the patient was required to see a physician or get lab work done (urine testing, pregnancy testing, and/or blood glucose testing), or get assessed for reading glasses. Finally, every patient seen in the clinic would come to the pharmacy to pick up albendazole (worm treatment), multivitamins, and any other required prescriptions. Even though there was a language barrier with the primary spoken language in Haiti being Creole, we were able to develop a relationship with the patients. We had translators who provided us a means of communication with the patients in order to provide counseling on pharm and non-pharm treatments and preventative measures.

Haiti is exposed to diseases that aren't common in practice in North America that professors told us we most likely wouldn't come across. For example, we treated one

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The make-shift pharmacy counter



Jessica mixing sulphur paste



# CO-OP STORIES:

## DID THAT JUST HAPPEN?

### Patient interactions that Rx2014 will never forget

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It's a compliment when, while counselling a 75 year old lady she says, "I love your shirt...That's something I would wear!"...right?

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"Have you found your Aladdin yet?"

*Two separate patients. Within a week.*

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Patient: "I have to tell you this story. When I used lactulose. I had an explosion. You wouldn't believe it." Student accidentally cuts off the patient aiming to squeeze in a question. Patient: "Wait, wait, let me finish. I barely got up off the chair. I didn't even have a chance to go to the bathroom. There was an explosion. It went everywhere."

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I walk into a 70 something year old patient's room, expecting to do a 10 minute discharge consult. After spending a short 5 minutes going over changes in her meds, she asks me what my background is. "You're from Lebanon?!?Oh my! Well don't I have the perfect boy for you! He works in Diagnostic Imaging, and he is so so lonely. Walk yourself on over there and let him know you're from Lebanon and \*\*\*\*\* sent you. Oh dear, I'll just walk you over there myself. You two can get married, and when you have a child, you can name them \*\*\*\*\* after me for setting you guys up! Come on now, don't be shy! You two can enjoy a simple beer together!". My consult turned into a 30 minute dating session.

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This gentleman was standing at the counselling window so I asked him if I could help him with anything; he was just staring at me without saying a word. So I asked again "Sir? Can I help you?" And he was like "Oooh I'm so sorry, I'm just amazed by your beauty!"

# Medical Mission Trip to Haiti

*Continued from Page 5*

woman for elephantitis, "a gross (visible) enlargement of the limbs" (Medical Dictionary), and another man for malaria. The majority of the patients seen in the clinic were extremely dehydrated and malnourished. In Canada we simply turn on our tap to get a class of water or open our fridge to grab a snack, however in Haiti clean water and nutritious food are not always easy to come by. What was even more incredible than seeing these rare diseases was meeting two astonishing ladies who were 99 and 100 years old! Even in North America, living to an advanced age as these is quite the accomplishment.

In addition to the medical clinic and construction team that was building a house, we also participated as a whole group to distribute food to families. Some of the team experienced frustration as some people would get in line more than once, which wasn't fair to other families who may not get anything as a result. But can you really blame someone who is only trying to provide for their family? It was difficult to see how people will act out of great desperation to get their next meal.

Even though our trip to Haiti wasn't all just a trip to the beach, we did get to take the orphan boys at Cabaret to a resort for a day. For some of us we got to experience swimming in the Caribbean for the first time! Before this we wouldn't have even considered going on a vacation to Haiti, but it was amazing to see the beauty of the mountains and the coast of a country

racked by such desperation and hardships.

Amongst the members of the STIMMA team we often discussed the impact we could have on the people of Haiti. Even after seeing over 1,000 patients and building a new house in our short-two week mission, it was hard to feel like we were making a significant change looking at the great needs across the entire country. On the medical side, we knew that the blood pressure meds would run out after 30-60 days and the patients might not be able to see another doctor. We knew that the food we provided for families would only last so long, but it was important that we remind ourselves that even the five minutes or so that we are able to spend with each person, might really make a difference to those individuals. It shows them that there are people out there who really care about them and their nation.

This experience was not a typical co-op experience. We walked into this opportunity not knowing what to expect and we left Haiti as new people. We have a greater appreciation for the "simple" things of life and we now understand how 5 minutes of your time really can change someone's life. Even after one of us spending three nights in the hospital with Dengue fever, we can confidently say that it was still one of the best things we've ever done and experienced in our lives. Absolutely no regrets! (Except maybe not wearing enough DEET during the daytime.)



*Katie giving an albendazole suspension to a patient*



# INTERPROFESSIONAL WINE & CHEESE

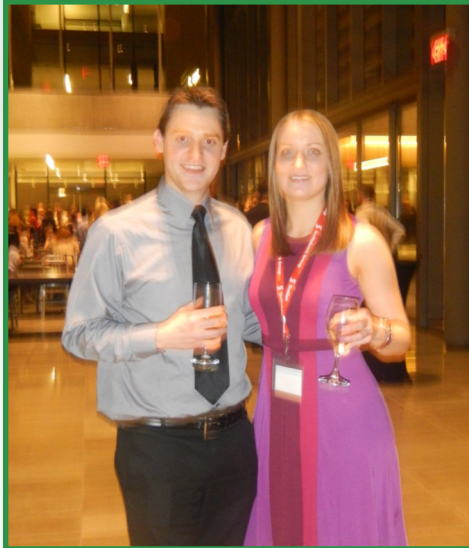
The annual Interprofessional Wine and Cheese on March 1st was a huge success! There was a great turnout from our pharmacy students and everyone looked their professional best as students from medicine, optometry, social work, and medical residents mingled at the Centre for International Governance Innovation (CIGI) in Waterloo. A special thank you goes out to Robyn MacArthur (WHPC President) and Dave Hughes (WHPC Public Relations) for organizing a wonderful evening (pictured together, top right), as well as to the pharmacy faculty members that had a chance to come by.

I am glad to see the value that pharmacy students put on interprofessional collaboration as we move forward in the expanded scope and changes in overall health care in Canada. These events are a great chance to meet others outside of pharmacy and show other professions what pharmacists are all about. It is also a great way to network and enhance your knowledge of the other professions whose scopes are also expanding and roles constantly changing.

The Waterloo Health Professions Committee works hard to make these events possible and I encourage everyone to come out to future events to see what it is all about. This is our chance to help bridge the gap in healthcare and make a difference in providing seamless patient care at every step of the healthcare system.

Cheers to the interprofessional collaboration!

Michelle Holm, Rx2015  
SOPHS Interprofessional Rep.





# FACULTY SPOTLIGHT: DR. BEAZELY

*Interviewed by: Jaskiran Otal, Rx2014*

**Jaskiran Otal (JO):** Tell us a little bit about your academic background - where did you earn your pharmacy and doctorate degrees?

**Michael Beazely (MB):** I completed my Pharmacy degree in 2000 at the University of Saskatchewan and went straight to graduate school at Purdue University in Indiana. After finishing my doctorate in late 2004 I returned to Canada to post-doc at the U of T Faculty of Medicine, Department of Physiology.

**JO:** As pharmacy students, we naturally hear extensively about pharmacy graduates moving on into community and hospital practice; what lead or inspired you to pursue research?

**MB:** Even before I started in Pharmacy I had a hunch that what I was really interested in was how drugs affected the body, rather than how medicines could be used to help patients (luckily there was no interview at U of S back then!). My hunch was confirmed as I went through the program and found myself more interested in the med chem, toxicology, and pharmacology compared to the therapeutics.

**JO:** Tell us about the Beazely lab and your research.

**MB:** Our research focuses on novel signaling mechanisms of cell surface receptors. As a grad student I worked extensively on GPCRs and adenylate cyclase regulation. Then as a post-doc I was trained as an electrophysiologist, focusing on NMDA receptors. Currently our focus is on how receptor tyrosine kinases (RTKs) can relay signals between GPCRs and ionotropic receptors. We study a phenomenon called transactivation whereby a GPCR exerts a portion of its effects via activation of RTKs, and how these transactivation pathways regulate neuronal function.

**JO:** Briefly describe your teaching philosophy.

**MB:** When I started teaching pharmacology to pharmacy students (at U of T in 2006) it hadn't been that long since I had been a pharmacy student myself. Although I loved pharmacology, I certainly remember that I was in the minority, and that the attitude of many of classmates was fairly negative towards pharmacology and the other basic sciences (i.e. "why do we need to know this



stuff", "how is this relevant to treating patients" etc.). So I was very conscious right off the bat that my job was to teach basic science to a group of students that would have different levels of "buy-in". If you keep the material too light, you won't reach those students that are really interested in the subject, and really you won't be accomplishing much at all. If you go too heavy, you start to see many students begin to tune out altogether. So the challenge is and will continue to be to find the right balance that allows you to communicate the most information to the majority of students.

**JO:** As students move on in IPFC courses, I think it's safe to say that most generally find Pharmacology/Medicinal Chemistry to be the toughest to grasp. Do you have any tips or strategies for students?

**MB:** In addition to finding the right balance with respect to the amount/level of detail I present, I find that one of the major roadblocks to learning is stress over the exams. I try to limit that by telling IPFC students that despite the 40-50 slides I might have in an hour lecture, I usually only get to ask 3-4 questions so you have to hit the big ideas (mechanisms of action, ADRs, new/unique drugs in a particular class) - there really isn't much opportunity to get into the fine detail. And of course in 141 given the volume of material we cover I find (and my teaching review comments confirm) that having more frequent exams on groups of 10-12 lectures is more effective than a mid-term/final approach.

One thing I did has a student ahead of exams was to put the names of all the drugs/drug classes in a hat, pick one at random, then write everything down that I

knew about it. Then I would check my notes to see what important points I missed.

**JO:** What was your favourite class as a student and why? What course did you find the most challenging and why?

**MB:** Of course pharmacology was my favourite. I struggled with therapeutics and other pharmacy practice course throughout my degree. Probably because my learning abilities are more suited to the basic sciences.

**JO:** One of my personal goals is to travel to every province and territory in Canada. Having attended the UofS, what are 3 things someone like me MUST do/visit in Saskatchewan?

**MB:** I was born and raised in Saskatoon and it really is a great city (in the summer!). What I really miss about Saskatchewan is my family cabin. My grandparents built it in the late 50s and while all of the other cabins around us have been torn down and replaced with 3000 square foot homes, ours remains almost untouched. It's on Emma Lake, right at the south edge of the northern forest and just south of Prince Albert National Park. I would recommend a visit to the park/area. Another fantastic place that is really out of the way is Cypress Hills Provincial Park in the southwest corner of Saskatchewan. Great in the summer but particularly nice for cross-country skiing in the winter because the temperature is usually significantly higher than the northern part of the province.

**JO:** If you weren't a pharmacist/professor/researcher, you would be...

**MB:** That's a good question. Probably something in the area of biology or the life sciences, possibly a physician, maybe a biologist that works in the field rather than the lab. I had and still have an interest in philosophy, particularly the philosophy of science and how it has evolved over the millennia so maybe something in that area.

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

**MB:** Try to be impressed by life more, amazed even. My 20 month old is going through a phase where whenever you show him anything he gets this amazed look on his face and says "Whoa!", and it doesn't matter what it is - a fork, a shoe, anything. I'm envious.



# CO-OP CHRONICLE: NOREEN JAMAL

**Noreen Jamal, Rx2014**, is currently working at the Odette Cancer Centre at Sunnybrook Health Sciences. As a research student in the pharmacy department, she has had the opportunity to see the research, clinical, and collaborative nature of oncology clinics and the role of pharmacists in it.

**Jaskiran Otal (JO) - Tell us a little bit about your roles and responsibilities as a research student in the department. What has surprised you most about research in a clinical setting?**

**Noreen Jamal (NJ) -** As a research student, I'm responsible for all steps of a research project. I prepare project proposals for the team and REB (Research Ethics Board); recruit patients and obtain patient consent; I collect then document data in a way that is usable and interpretable (go Danny Ho!); I work on a team to analyze the data; and finally, I prepare abstracts, poster presentations and papers. Since I'm only here for 4 months, I don't get to do all of these things, but have already had the chance to touch on most of them. One project I'm working on is regarding optimizing the pre-medication regimen meant to control infusion reactions for a taxane chemotherapeutic agent; another is looking at the feasibility of a pharmacy-led anemia monitoring program for patients.

**JO - What sorts of clinical exposure does your research role lead to?**

**NJ -** I'm doing Pharmacy Practice Research which means that I am analyzing methods and processes that the pharmacy team follows to determine if they are best for the patient and for the hospital. A part of this research involves interviewing patients; knowing I'm from the pharmacy team, they will often ask me questions about their side effects or any medications/OTCs/supplements/herbals they are interested in taking. When time permits, I try and answer these questions and have had a chance to have long-standing relationship with many patients.

**JO - Tell us about a patient interaction that stands out to you.**

**NJ -** There was one patient that was interested in taking NHPs (Natural Health Products) that were combination products containing a mixture of compounds that were either antioxidants (which may interfere with their chemo), non-effective, and have been shown to have some efficacy under certain conditions - I suggested that the



patient avoid this NHP. Upon my follow-up with the patient and the caregiver, they expressed much frustration that they have been discouraged to take anything, mostly because it may interfere with the chemo. However, they had been told weeks earlier that the chemo is ineffective; hence their frustration. This was an enlightening interaction for me. As pharmacists-in-training we want to give the most accurate information to a patient about the safety and efficacy of products they want to take and are often hesitant to state that a product is "acceptable" (as per Cynthia Richard of course). The situation feels completely different when a patient is undergoing palliative treatment with minimal efficacy, and so this patient has provided me with a great learning opportunity (Verna would be proud!).

**JO - Are you now considering working as an oncology pharmacist? What do you find intriguing and what do you think would be the most challenging aspect?**

**NJ -** Tricky question. I think oncology is definitely one of the most challenging disciplines to work in, emotionally speaking. There have been many days that I just need to debrief (thank you to my coworkers, incl. Melanie, Kandis, and Jackie of Rx2014). That being said, oncology is one of the most rewarding areas. It is among the most patient focused areas, where we want to minimize any side effects that we can control, and where the emotional well-being of the patient really comes into play. So do I see myself working in oncology - very likely, however being at the OCC I've learned that I may want to specialize more and work in Palliative Care - but that's another Pharmacy Phile article all together (or maybe a personal journal entry)!

**JO - Sunnybrook is a great teaching hospital; what other health professionals do you work with regularly and in what capacity?**

**NJ -** Sunnybrook is surely a great teaching hospital that encourages interprofessional

collaboration. On a regular basis I work with nurses and MDs. When a patient requires it, I often refer to other HCPs (Health Care Professionals) such as dietitians, social workers, ostomy specialists and RPNs at CCAC.

**JO - What has been the biggest lesson you have learned from this placement?**

**NJ -** Cancer sucks... but I guess we all know that. I guess the biggest lesson I've learned is that the role of a pharmacist can really vary in different disciplines. The emotional support and the amount of patient focused care required in Oncology can be very taxing, especially as a student. It can also be frustrating since sometimes there is not much you can do for a patient. But you learn to support the patient as best as you can and learn what your limitations are and how to set up personal boundaries for yourself - and you go home feeling like you've actually made a difference for someone.

**JO - Since we cover oncology in a later IPFC, how are you tackling the presumably difficult task of familiarizing yourself with various chemotherapy regimens?**

**NJ -** Since I do project work that focuses on one drug or one side effect at a time, I get to focus my learning on those topics. Read - I'm lucky because I'm getting eased in. As patients have DTPs, I look up the issues and drugs as they arise. Also, the pharmacy team here is super supportive and really encourages learning so they provide us with weekly teaching sessions on a different topic each week, e.g. anemia, febrile neutropenia, etc..

**JO - Best non-patient-related aspect of your job/day/co-op?**

**NJ -** Hands down - the junk food drawer in our pharmacy team office (endless supply of chocolate, chilli lime peanuts, coconut covered marshmallows, etc...)

**JO - Any words of wisdom to fellow students?**

**NJ -** For your next co-op, really try to apply things that you never saw yourself doing. When I applied to OCC, I wasn't really thinking about where I was applying. It slowly sunk in that I was going to be working with cancer patients, as the work term approached (I think if this clicked when I was doing applications, I may not have applied). I never thought I would enjoy Oncology, but as it turns out, it is in my top 3 for where I want to work when I graduate.



# WOMEN IN CHARGE?

## THE CONS OF BEING A FEMALE PROFESSIONAL

Niki Bajic, Rx2014

CSHP Communications Committee Rep.

This month's article is going to be a bit of a departure from my usual CSHP-related discussion, but is one that is (hopefully) relevant to practicing hospital pharmacists, community pharmacists, and even other health care professionals. That being said, it unfortunately may be of challenge to be relatable for the males who make up one-third of our campus (sorry boys). You see, as a now mid-twenty something woman studying in the health care field, I have been struggling lately to find my place in pharmacy. Not necessarily the struggle to practice the expanded scope we so often hear about, but more so my place from a "modern" woman's point of view. Female professionals today face a trade-off between their traditional roles as doting housewives and that of blossoming careerists. In addition, it is conflicting for the modern working woman to choose between being the humble girl next door or the aggressive alpha-female. Finally, women can be competitive and bullying towards one another, with the potential for causing stressful work situations.

First and perhaps most obviously, women who choose to further their education are at a disadvantage when it comes to marrying and having children. In the Facebook era, we see our friends and acquaintances from high school establishing careers, moving into houses and settling down, while I am still moving from rented room to rented room every four months (perhaps this is a paid price for already having a Bachelor's degree prior to pharmacy school). In addition, our extensive education seems to have hampered our prospects for finding a mate; women, despite their continued education, still tend to look to "marry up"<sup>1</sup>. Considering the majority of our time is currently spent in the classroom, it becomes challenging for women to find a mate outside of pharmacy school, where two-thirds of our class are female. In fact, marriage rates for women peak at four years of college and decline after that<sup>2</sup>. For the woman who marries and is likely to make more than her husband, she will be less likely to be working and more likely to make less than her potential if she does work<sup>2</sup>.

Working women earning less than their potential is not only influenced by some hidden desire to satisfy traditional gender roles. In addition to familial pressures, it

appears women don't want to be the boss because they are afraid of being labelled as "the bitch". Women, in general, are less likely to pursue positions of power in order to avoid appearing aggressive<sup>3</sup>. While men who are assertive are considered admirable and attractive, for females ascending the power ladder may mean sacrificing our sweetness and humility, two traditional qualities of femininity. Even in health care, a field which is dominated by women in many areas, 73% of managerial positions are held by women, but only 4% are CEOs<sup>4</sup>.

Despite the fact that women are more apprehensive than men to act assertive, they still seem to have no problem being mean to one another. It can be a challenge for a woman working with or for another woman, especially when one is still in the beginning stages of a career. This is not to say that every girl in pharmacy school has had such an experience, but, at the risk of sounding controversial, I doubt that I am the only person who has observed this phenomenon. In fact, the American Management Association reports that 95% of women have felt undermined by another woman at some point in her career<sup>5</sup>. Even within the walls of our school, girls still get gossipy and catty towards each other, despite the fact that most of us graduated high school more than five years ago. In professional environments, which are already competitive enough and full of perfectionists, women have it all, and it can be threatening when someone who is maybe just a little bit smarter, funnier or prettier comes along. Ultimately, however, jealous behaviour will only hamper our careers and lose friendships.

So ladies, while this article may be a reflection of my recent affinity for *Sex and the City* reruns, it serves as a reminder that while yes, it is still tough out there for a girl, but don't be afraid to pursue your dreams and accomplish the most you can. As women, we strive to have fulfilling home lives, and this must be balanced with our



desires as pharmacists to make a difference in the lives of our patients. Being assertive is not the same as being aggressive, and while a little competition is healthy, keeping it friendly will improve your work life and allow professional relationships to flourish.

1. Rose E. Education, Hypergamy and the Success Gap. 2006. University of Washington. Accessed on March 8<sup>th</sup>, 2013 from [http://www.econ.washington.edu/user/erose/hypergamy\\_solew.pdf](http://www.econ.washington.edu/user/erose/hypergamy_solew.pdf).
2. Bertrand M, Kamenica E, Pan J. 2013. Gender identity and relative income within households. University of Chicago. Accessed on March 8<sup>th</sup>, 2013 from <http://faculty.chicagobooth.edu/emir.kamenica/documents/identity.pdf>
3. Klaus P. 2010. Why women don't run the company... or the country! American Management Association. Accessed on March 8<sup>th</sup>, 2013 from <http://www.amanet.org/training/articles/Why-Women-Still-Dont-Run-the-Company-or-the-Country.aspx>
4. Chase, David. 2012. Women in Healthcare Report: 4% of CEOs, 73% of Managers. Forbes.com. Accessed on March 8<sup>th</sup>, 2013 from <http://www.forbes.com/sites/davechase/2012/07/26/women-in-healthcare-report-4-of-ceos-73-of-managers/>
5. Crowley K, Elster K. 2012. Caution: Women Competing at Work. American Management Association. Accessed on March 8<sup>th</sup>, 2013 from <http://www.amanet.org/training/articles/Caution-Women-Competing-at-Work.aspx>



Canadian Society of Hospital Pharmacists  
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## Fresh from the Pharm

A food blog by Chelsea Barr,  
Rx2013

One of my favourite classes of this term thus far, has definitely got to be Concepts in Nutritional Science. It's really fun to learn about nutrition topics, especially when you love cooking like I do :) Last week, we had Dr. Schneider lecture about nutrition planning for diabetic patients, and he taught us something that I really didn't want to hear. Apparently, in the morning your body is at it's maximum point of insulin resistance, so carbohydrates are actually a terrible breakfast food!! Say, what?? My entire life I have dreamt of strawberry-topped pancakes for breakfast, because there really is nothing that gets me out of bed faster than a giant plate of carbs! So I decided for this edition of Fresh from the Pharm to choose a recipe that is delicious, nutritious, and way less carbs than a plate of pancakes (unfortunately!). With that said, here are my Action-Packed Power Muffins!

*Thanks to Marc Wilson for naming these breakfast muffins!*



### Action-Packed Power Muffins

1 1/2 cups wheat bran  
1/4 cup oat bran  
1 cup whole wheat flour  
1/2 cup brown sugar (or 1/4 cup Splenda brown sugar blend)  
2 tsp baking powder  
pinch salt  
2 tsp ground cinnamon  
1/2 cup raisins or craisins  
1/3 cup chopped pecans (or other mixed seeds/chopped nuts)  
1/2 cup shredded coconut  
1 medium carrot - grated  
1 large apple - grated  
1/3 cup low fat margarine (bonus points if you use one with added plant sterols!)  
1 egg beaten  
1 1/2 cups skim milk

1. Preheat the oven to 360F
2. Cover the raisins (or craisins) with hot water and allow to soak for 5-10 minutes. This will prevent the raisins from drying out or burning while the muffins are baking. Drain.
3. Mix the dry ingredients together (first 10 ingredients).
4. Add the apple and carrot and coat with the bran/flour mixture.
5. Melt the margarine in the microwave for 30 seconds and pour over the other ingredients. Stir in just a little.
6. Beat egg and milk together and pour over other ingredients. Mix with a spoon until just combined.
7. Let the mixture sit for a few minutes so the bran can soak up some of the milk.
8. Scoop a heaped tablespoon of mixture into greased muffin tin for each muffin.
9. Bake for about 15 minutes, or until a toothpick inserted in the centre of muffin comes out clean.
10. Enjoy!!

### Pharmacy Phile ISSUE 43 | February-March 2013

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](mailto:pharmsoc@uwaterloo.ca) using the guidelines available on the SOPhS website (Communications, under Student Resources).




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# SOPhS 6 WEEK CALENDAR

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 12	24	25	26	27 PCCA Com- pounding Talk Demo (Room 1004)	28	29 Good Friday	30 Easter Sunday
Week 13	31 Easter Monday	April 1	2	3 SOPhS Athletics Blue Jays Game Trip	4	5 OPA Cup Pep Rally, McCabes Pub, 8pm	6 OPA Cup, 5-7pm Varsity Stadium, Toronto
Exam Period	7	8	9	10	11 Exam Period Begins	12	13
Exam Period	14	15	16	17	18	19	20
Exam Period	21	22	23	24	25 Pharmacy Exam Period Ends	26	27
	28	29	30	31	1	2 Pharmacy Admis- sions Interviews	3 Pharmacy Ad- missions Inter- views

## SOPhS Calendar Notes

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

You may also find this information on the class calendars on the SOPhS website ([www.sophs.ca](http://www.sophs.ca)) class. 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 the SOPhS Secretary at [secretary@sophs.ca](mailto:secretary@sophs.ca).