PHARMACY PHILE

University of Waterloo Society of Pharmacy Students
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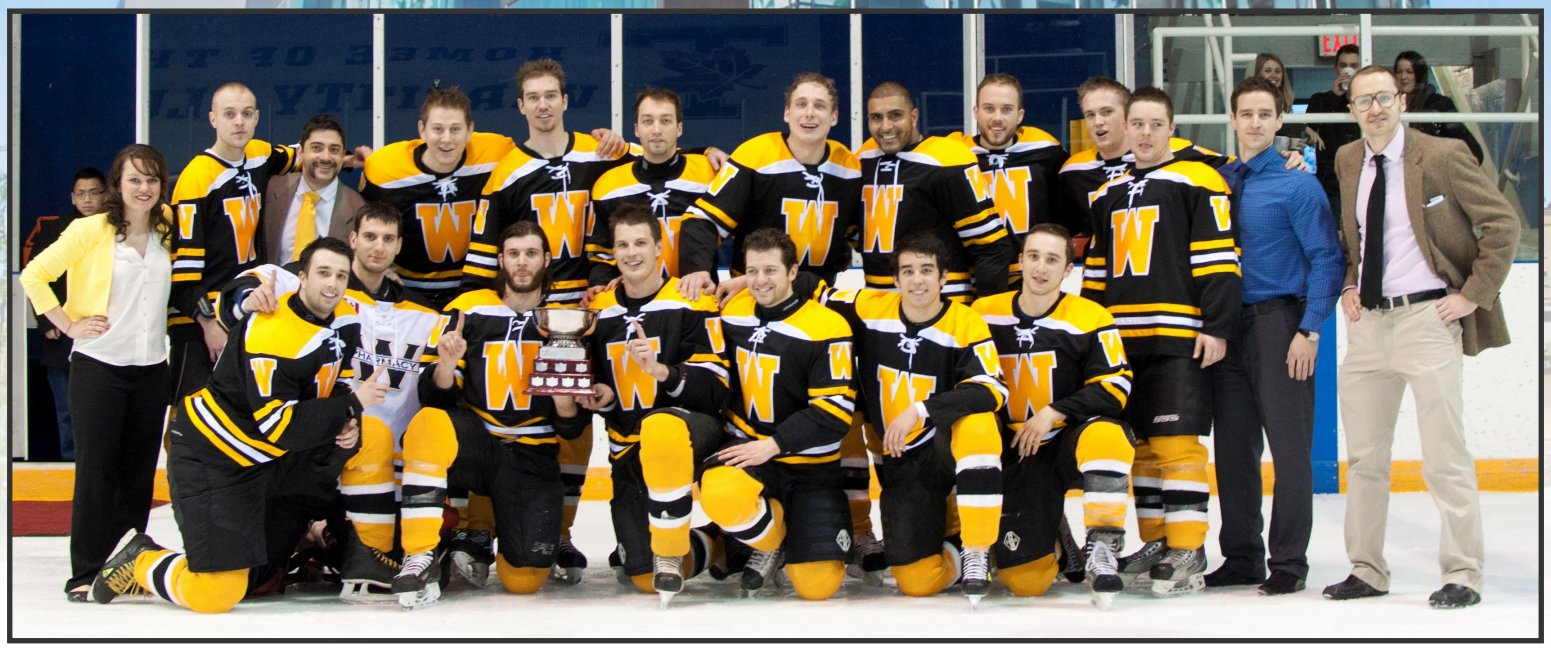

OPA CUP 2013 CHAMPS!

UW 3 - U OF T 1

Some say 3's a crowd...
I say, WHO CARES!

Congratulations to the UW Pharmacy hockey team for completing an unprecedented 3-peat of the OPA Cup by defeating U of T this year 3-1 in this year.

It was an exciting and hard fought battle with both teams leaving everything on the ice. Both squads came out strong and it looked as if it was going to be a defensive battle until veteran defensemen Steve Celetti broke open the seal with a blistering slap shot from the point that found its way underneath Toronto's goalie for an early 1-0 lead. Later in the period, some nifty dangles by Rx2013's Scott Campbell to assist Alex Carducci's goal gave UW a 2 -0 lead. Waterloo finished its scoring with an all-out-hustle play by Rx2014's Jeff Baxter giving UW a 3-0.

Goalie, Mitch Zorzit, aka the UW Alumni Player of the Game, must have felt bad for shutting out Toronto for most of the game so he "let" one in, capping off the scoring and giving Waterloo a 3-1 victory.

Congratulations to the graduating players: Kiel Cattle, Steve Celetti, Scott Campbell, Peter Rempel, Johnny Walsh, Leandro Avila, and Mohan Joshi.

Thanks to the coaches, Kacie Lunn, Evan Steed, and David Clarke, for managing the game!

And special thanks to the fans that traveled to the game. Your signs were clever, your cheers were inspirational, and your passion was unmatched. I hope everyone had a chance to drink out of the cup this year...if not, I'm sure we'll get to do it all over again next year!!!!!!

Nick Malian, Rx2013

OPA Student Rep.

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SOPhS
SOCIETY OF PHARMACY STUDENTS

OPA CUP 2013


GUINNESS


Carlsberg
Beer


S-UT HOCKEY
O-10-2
A-NEEDS Δ in SPORT
P-TRY CURLING

PRESIDENT & VP's MESSAGE

Students, Faculty and Staff,

As we move through the spring term, I would first like to congratulate the class of 2016 on completing their first school term. You have made it through arguably the most challenging semester when it comes to keeping yourself organized and I am so very proud of all of you. For the upcoming summer term, we're excited to have the class of 2014 joining the new class of 2016 as well as the class of 2013 at the school for what we hope will be a summer filled with beautiful weather and great memories. We plan on setting up a social events throughout the summer so get excited!

Over the last term, the Society of Pharmacy Students (SOPhS) has been hard at work in an attempt to improve our connection with staff, faculty, the students and main campus. We have set up many social events, such as trips to baseball and basketball games, and plan on hosting many more events in the summer term. As well, both Jon Potvin (your VP) and I have been engaged in meetings with the staff and faculty in order to relay the input from the students to help improve our program.

Student Life Endowment Fund Results

Throughout this term I was involved with the application process to the Student Life Endowment Fund. I put together a team involving myself, our VP Jonathan Potvin, our finance representative Marvin Ng and our Federation of Students representative Shekhar Mehta to work on the application process. In the end, I am proud to say that we received funding for both a pool table and picnic table. We were also able to talk to Dr. Edwards, Ken Potvin, and Mary Stanley about the idea of picnic tables at our school and they were able to work out an agreement between our school and McMaster School of Medicine to purchase five picnic tables for the space outside between the buildings. We are hoping to get both the picnic tables and pool table set up by the end of the summer term.

Town Hall Questions Answered

SOPhS also hosted a Town Hall last month in order to gather input from the students regarding curriculum, co-op and other school related issues. There were many key points that we were able to bring up to our staff that I will address right now. There was an issue regarding the parking lottery and having spots possibly reserved for students who are injured. In this case, protocol states that you should go see your doctor, get a handicap-parking permit and then you will be able to park in the handicap spot. There was also an issue with bikes being stolen. To help resolve this issue, our staff is going to look into possibly allowing us to store our bikes in the garage. For now, the safest place to store them would be along King Street where there is a lot of traffic. The issues brought forward in the co-op section are going to be addressed by the co-op committee and we will give an update once we receive an answer.

For curriculum related issues, I had the pleasure to be involved in a strategic planning workshop involving the new PharmD curriculum. I am happy to say that the majority of the issues brought up during the town hall will be addressed with the new curriculum. From the faculty meeting I attended, I learned a lot about the new program. A member of the staff will present most of the information to you in the new semester but I will list some of the key points now, as some of you are probably curious.

PharmD Curriculum

The PharmD program will begin in January 2014 and shift the program we have now from 7 academic and 4 co-op terms to 8 academic and 3 co-op terms. The final year will have 24 weeks that are clinical rotations like the SPAP at UofT Pharmacy School and 8 weeks that are composed of class work. We will go from an average of 29 hours of class per week to 22 hours of class per week. There will be no co-op overlap between classes. First year Metabolism will be moved into Anatomy, Pharm 120 will be only one term where Community Service Learning will be taken out and moved to a milestone requirement of the program. Both Pharm 150 and Pharm 322 will be moved to Seminars 2.

The one remaining question most of you will have is, "will this apply to my class?" As of now, this program will NOT apply to anyone in the classes of 2014 or 2013. There is some consideration of offering a transition program to the class of 2015. This decision will be made over the next couple of months and we will provide that information to you at the time. The class of 2016 will be given the choice to enter a transition program, where you will enter the new curriculum, although the number of students that will be allowed has yet to be determined. However, every class, including the graduated classes, will be able to enter a "bridging program" where you can still get the PharmD degree but you will be required to spend some more time in classes after our current program is completed.

I look forward to the this term and I hope to see everyone out enjoying the summer at SOPhS events and am excited to work all those elected and selected to be your 2013-2014 SOPhS Council.

Until next time,

Marcus Walz
SOPhS President

Jonathan Potvin
SOPhS VP

A Communication Director's Farewell

After two fun, successful, and inspiring years on SOPhS as a Communications Director, it actually makes me sentimental to think that this is the last Pharm Phile newsletter I will ever put together. I have had an incredible time as a Council member and even more so in interacting with fellow students as well as faculty and staff in the creation of these newsletters.

I say it a lot, but I really do encourage students to use this newsletter to the fullest in sharing insightful, pleasant, or life-changing experiences. It may impact others in a way you never would have anticipated; and maybe even once, you will be able to reflect and be surprised at how it benefitted you as a person. You don't have to be the world's most eloquent writer to fully realize and appreciate the value and release that writing can afford you...just like how you don't need a 90% average as a student to be a compassionate and successful pharmacist. Get out and do what you love! Stay classy.

- Jaskiran Otal, Rx2014

CAPSI CORNER

Sarah Johnson & Holly Meginnis
UW CAPSI Reps

As we come to the conclusion of the Winter 2013 term, CAPSI would like to thank the outgoing 2012-2013 council and welcome the new 2013-2014 council members.

Looking at the summer term, we have several exciting events coming up! The newly elected CAPSI National Council will have their first meeting at CPhA Conference in PEI this June. Holly and Sarah are happy to be representing CAPSI members from Waterloo at these meetings. If you have anything that you want discussed at the CAPSI National meeting (such as event feedback, events you would like to see, etc), please email waterloosr@capsi.ca.

We are very excited to have hosted UWs very first Mr. Pharmacy competition! With half the proceeds going to charity, we are proud to be giving back to the community with a night of fun for us in what we hope will be an annual tradition. Other exciting events we will be hosting this term include Run for the Cure fundraising, a Social Media Challenge, Teva Leadership Seminar, Teva Pediatric Community Outreach, CAPSI -DM lectures and OTC Week.

Interested in being a part of UW CAPSI Council this term? There are numerous opportunities! We will be looking for volunteers to help with our Run for the Cure fundraisers. Please contact Sarah or Holly for more information.

Finally, we would like to congratulate the graduating Rx2013 students who are now proud alumni of UW CAPSI Council: Jamie Ikola, Kaitlin Bynkoski, Chelsea Barr, Crystal Ng, Julia Denomme, Lois Chung, and Sherman Chui.

We'rre excited for a great summer filled with fun events with CAPSI! If you have any questions or would like to get involved, please feel free to contact any one of us on CAPSI Council!

Welcome UW CAPSI Council 2013-2014!

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MULTIPLE SCLEROSIS: A PATIENT'S PERSPECTIVE

One of my favourite parts about being in the co-op pharmacy program at the University of Waterloo is the opportunity to work in a variety of settings. During my last co-op term, I had arranged to work for Carewest, a long-term care organization in Calgary, AB. While there, I was able to meet a patient who had a huge impact on me – Katie Getke. Katie is a patient who requires 24-hour care because she has been afflicted with a severe form of Multiple Sclerosis, a debilitating neurological disease. Before working at Carewest, I assumed that the vast majority of those living in long-term care were elderly patients, however throughout my work term I discovered that there are many different types of patients in long-term care, including younger patients afflicted with neurological and musculoskeletal diseases such as Multiple Sclerosis, Cerebral Palsy, and Huntington's Disease.

Before finishing my co-op term, I was able to interview Katie to get a better understanding of how having Multiple Sclerosis (MS) has changed her life. Katie was diagnosed with MS at the age of 24 and has spent the majority of the last 10 years fully wheelchair bound and in some sort of care. Despite this seemingly immobilizing disease, Katie is avid painter and writer who I first got to know through her beautiful paintings around Carewest. Here are some of the answers she gave me during our interview:

Chelsea Barr, Rx2013 (C): How different do you think your life would have been if you hadn't been diagnosed with MS?

Katie (K): If I didn't have MS, I would probably be back living in Dubai or travelling somewhere. I also would have expanded my education in health care and gone into another field such as MRI Technology.

Prior to being diagnosed Katie was working as an x-ray technician in Riyadh, Saudi Arabia and spent much time travelling throughout many places such as Dubai, Turkey, Bahrain, Turkey and Kenya.

C: Do you think that you would still have been such a strong and influential person if it were not for your diagnosis of MS?

K: No, I don't think so. Before my diagnosis, I was always doing things for me and was constantly thinking of "Me, me, me. I, I, I." I wasn't aware of the suffering going on around me. Having MS means I can take the time to look around a little longer and see some of the issues around me.

Katie is a very influential advocate for those with disabilities, and in 2007 was awarded the Alberta Premier's Gold Award for Excellence for her work with Alberta Disabilities Forum regarding accommodation standards for supportive living and long-term care facilities. She was also integral member in implementing the Conjugal Overnight Suite at Carewest - an overnight room for patients to share with their significant other.

C: What do you think the most important thing to know about young patients with MS is for health care providers?

K: I think to know that we're all different. If a client comes in with MS, they all have different needs. Different symptoms – walking, talking, eating, communicating and mental capacity. MS isn't like other neurological diseases such as Huntington's Disease [where the patients all deteriorate in a similar pattern], if you put a bunch of MS patients in the same room, they all look so different!

C: How do you think a pharmacist could be most helpful in taking part in your health care?

K: The pharmacist at Carewest – I always find him to be invaluable regarding what is good for which symptom. For example, I was taking ibuprofen for pain and when I talked to the pharmacist he was able to switch it to Tylenol (acetaminophen), which was better for me because I didn't have to take Pantoloc (pantoprazole) any more. Also, the pharmacist tends to look at what type of pain I'm experiencing and recommends specifically which medication would best treat it, whereas the doctor will just ask if I'm experiencing pain and give me a standard pain medication. The pharmacist is also good at telling me exactly what to expect from the medications, how they work and how effective they will be. He really has an intimate understanding of the drugs – that's why I always like to talk to the pharmacist when I start a new medication.

From getting to know Katie over the course of her interview, I have learned

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MS: A Patient's Perspective
Continued from Page 5

just how different it is for younger patients living in long-term care, and how the pharmacist can play a valuable role in educating and involving these patients in their health care. I think it is important for pharmacy students to ensure we are always striving to understand the situation our patient is in, and how we can provide the best possible care for them at that moment.

For more information on Katie or to read her entire testimony, please visit www.oralart.ca

CANADIAN PHARMACISTS ASSOCIATION
ASSOCIATION DES PHARMACIENS DU CANADA

CAPSI SOCIAL MEDIA CHALLENGE

The following is a blog written by Danielle Paes, Rx2014, while completing her co-op last term with CPhA, on the UW CAPSI Social Media Challenge.

The local CAPSI council at the University of Waterloo recently held a Social Media challenge for its students to participate in using multiple online avenues. Led by Communications and CAPSIL representative Chelsea Barr, this innovative campaign encouraged pharmacy students to speak up and respond to postings and photos presented each day. The week-long event generated a lot of healthy discussion about some key issues facing pharmacists today – the evolution of the pharmacist role, drug information and medication safety were all areas covered.

DAY 1: How is a pharmacist today different than a pharmacist in 1950?

My Response: Pharmacists TODAY are being trained to embrace the expanded scope of practice for the pharmacy profession of the FUTURE. Our students are being educated using integrated learning models that have strong experiential learning components. Future pharmacists are able to engage in clinical practice and participate in co-op and entry-to-practice PharmD programs.

Jaskiran Otal (Rx 2014) One significant change in my opinion has been the strengthening relationship with our medical colleagues who actively seek pharmacist involvement in medication management. For example, some medical clinics will refer patients to their community pharmacy for MedsChecks before and/or after appointments for a more holistic approach to any given patient's care. Many hospitals have medical directives or often-used direct orders (such as Pharmacist managed warfarin dosing) revolving around clinical management of patient's medications. While I can't say for certain that this wasn't done at all in the 50s, I think it's safe to say that it wasn't to this extent, being a product of the limitations of our current health care model.

Jamie Ikola (Rx 2013) Pharmacists today assess the patient's overall clinical picture, and make recommendations and changes based on a thorough pharmacotherapy workup, as opposed to focusing on each medication individually.

Justine Flanagan (Rx 2014) Pharmacists have evolved from dispensers (such as in the 1950's) to decision-makers, especially with the recent developments in the expanded scope regulations. We are now permitted to exercise our professional judgment in the interest of our patients that once required a physician's intervention. There's no longer a black and white answer to everything we do which keeps the growth of our profession interesting and exciting!

Saleema Bhaidani (Rx 2014) The days of the "Druggists" are long gone, and now as that term to describe Pharmacists becomes obsolete, so are the roles of a 1950's "Druggist". Instead of counting pills, we're counseling patient on them. Instead of handing over a vaccine, we're giving them. Instead of dispensing, we're prescribing. We're no longer just about the drugs, we're about the patients!

DAY 2: What is your favourite reference for the most current therapeutic information?

My Response: I may be a tad biased...but this seemed like a good opportunity to plug the 2013 Edition of the CPS which was released last week! Changes to this year's edition include: 200 new products, 11 new CPhA monographs, 72 new images in the Product Identification Section and new updates in all the Clin-Info articles.

Other popular options for current information used by our students include: e-Therapetuics, Lexicomp, Up to Date, OPA Pharmacists' letter, Micromedex, Continuing Education, eCPS, DIRC, Rxfiles.

DAY 3: How can pharmacist help make a difference to one of the following statistics?

- *1/3 people never fill their prescription*

My Response: I am alarmed at the 1/3 statistic about people who do not fill their prescriptions. Leaving chronic conditions such as diabetes or heart disease untreated can put patients at risk for serious complications down the road. Pharmacists can play an important role in medication management by building healthy professional relationships with their patients. Good communication and awareness about each patient's medical history may help catch any gaps in patient prescription profiles.

Christie Hockin (Rx 2015) All of the statistics are alarming and all can be improved upon by speaking more WITH

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Social Media Challenge

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patients as opposed to AT patients or simply refilling their chronic medications when they call and ask for them and having a cashier ring them out without direct pharmacist contact. Although it is healthier to live without chronic diseases, managing your chronic diseases will greatly decrease complications and improve overall health. If 1/3 of patients are not filling their prescriptions we must as pharmacist come to the root cause for their lack of attention to their prescriptions, which may be patient individualized reasons. By having a good relationship with your patients, showing you care about them and their health, expressing your concern for their health and speaking more with them about their concerns about their health and their medication taking/not taking (via refill status - early, late, seasonal etc and daily adherence) pharmacists can make a huge impact on the health and well being of patients and help to improve these statistics going forward.

Rachel Runnels (Rx 2014) 1/3 people don't fill prescriptions, and we can help to address this issue through increased communication with the patients and other health care providers. Upon providing patients with a prescription (i.e. in hospital discharge etc.), we should be involved to clearly explain the benefit/risk of taking the medication and directly address any identified issues through open communication. Through increased collaboration with other health care providers, we can raise awareness of the issue and we can advocate for pharmacists to be involved with more family medicine teams to help speak to encourage getting prescriptions filled.

▫ *Nearly 45% of the population has one or more chronic conditions that require medications*

Allison Tario (Rx 2014) If 45% of the population has one or more medication-requiring chronic diseases, there is an opportunity for pharmacists to help educate patients on their disease and empower them to take charge of their disease. By showing patients how important and helpful these medications are in chronic disease management, pharmacists can help improve adherence.

▫ *Nearly 3/4 people don't take their medications as directed*

Julia Denomme (Rx 2013) To ensure that patients are taking their medications as directed, pharmacists should arrange MedsChecks. These medication review sessions provide an excellent opportunity to not only ensure that patients understand the directions for use, but also allows pharmacists to review drug efficacy and safety points with the patient.

Caitlin Meyer (Rx 2013) Nearly 3/4 people don't take their medications as directed. Pharmacists clearly have a pertinent role in this situation. We are the individuals who can ensure our patients are being compliant and understanding how to properly administer their medications. We can ask questions and ensure patients are aware of how to take medications. We can perform medschecks to ensure patents are truly taking medications. In the hospital setting, on discharge we can ensure that our patients can afford their medications. Just a few examples of how we can help decrease this statistic.

▫ *More than 1/3 of medication -related hospital admissions are linked to poor adherence*

Sumaira Hasan (Rx 2016) more than 1/3 of medication-related hospitalizations are linked to poor adherence. In this case, it's extremely important for the pharmacist to perform patient-focused care, and take the initiative to look through the databases and see whether their patients are returning on time to pickup refills, or request them. This is a quick and easy way to find out whether or not the patient is truly adhering to their medication regime, or whether they have fallen through the cracks. A simple phone call to the patient to confirm whether they are still taking the medications, whether they have transferred to another pharmacy, or whether they have stopped taking their medications without further information- is something that the pharmacist should try to do to take action, and potentially save a life.

Rusana Moorji (Rx 2015) More than 1/3 of medication-related hospital admissions are linked to poor adherence! This stat can be decreased significantly if pharmacists take the time to effectively communicate to their patients the importance of taking their medications and how to take them correctly. Pharmacists should also stress the consequences of not taking their medications to reduce this scary statistic!

DAY 4: What do you think will be the most important issue facing pharmacists graduating in the next 5 years?

My Response: I think an important issue that pharmacists graduating in the next 5 years will have to face is their role as **bastions for change**. The expanding scope of our profession will require new pharmacists to enter the healthcare field with openness and determination to prove that pharmacy graduates today are READY and ABLE to take on an increased role in primary healthcare for Canadians. It will also be important for us to create a strong healthy partnership with those pharmacists who have been practicing for many years; we must not forget that they have the practical knowledge and experience that we lack. With novices and veterans working together - great things can happen!

Marissa Belcamino (Rx 2016) I think that the most important issue facing pharmacists graduating in the next 5 years will be making patients aware of the expanded scope of practice. They may already know a little about it, but they may not understand exactly what the scope entails and what the limitations are. I also believe that finding jobs will be an issue in the future with U of T and Waterloo graduating so many qualified students.

Julia Denomme (Rx 2013) The most important issue facing pharmacists graduating in the next five years will be taking the initiative to demonstrate their value to the government and other healthcare professions. Graduating pharmacists must work to develop a new culture in pharmacy that places emphasis on patient-centred care to ensure that the profession continues to flourish in the future

Ivan Hui (Rx 2015) I think an important issue that pharmacists graduating in the next 5 years will face is the power struggle between pharmacists and doctors due to the expanded scope of practice. Doctors will be reluctant to relinquish power and it would be up to the new generation of pharmacists to prove to them that we are capable of the responsibility, such as changing prescriptions.

Jamie Ikola (Rx 2013) One of the biggest challenges that we will face in the near future is utilizing registered pharmacy technicians to their full potential, in order for us as pharmacists to embrace the expanded scope of practice. I see this as a challenge, because changing the workflow in a community pharmacy is not easy, and changing the mindset of pharmacists and pharmacy technicians is even more difficult. However, I think that if we can start integrating registered technicians into the workflow, it will ease the burden of pharmacists to fulfill technical tasks, and allow us to focus on the patient and providing optimal care!

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SUMMER WELCOME BACK SOCIAL

Social Media Challenge

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Ali Hussain (Rx 2015) I think it's hard to predict what's the most important issue in 5 years because we are in a transition phase but for now pharmacists should worry about being recognized as professional health care providers, without that recognition any expansion is useless, perhaps we can use the current expansion to earn it.

DAY 5: "Being a pharmacist is important to me because_____"

My Response: Being a pharmacist is important to me because it is through this remarkable profession that I get to link my love of science with my love for helping people! ♥

Marissa Belcamino (Rx 2016) Being a pharmacist is important to me because I feel that it will allow me to make a difference in people's lives. As a pharmacist I will be able to work at part of an interprofessional team and help to make important health decisions for my patients. I will be a medication threrapy expert and will be able to help patients improve their therapy adherence and as a result increase their quality of life.

Marisa Ramandt (Rx 2015) Being a pharmacist is important to me because pharmacists are the most accessible healthcare professionals, allowing for many opportunities to help patients manage their health and wellbeing.

Justine Flanagan (Rx 2014) Being a pharmacist is important to me because I've given the chance to be a life-longer learner, teacher and influencer on what we value most - our health!

Holly Meginnis (Rx 2015) Oh there are so many reasons! It is important because you can make a significant difference in the lives of many people. By taking to your patients, counseling them, doing their MedsChek you can save them from medication errors and also prevent them from experiencing any unnecessary side effects. You can also make people less scared of their medications and truly be their friends. We always hear that pharmacists are well trusted as a professional, well I want to be that person that people can trust and look to for advice!

Martine Leblanc (Rx 2014) Being a pharmacist is important to me because I'm able to make a difference in patient's health by educating them on their medications and actively monitor therapy with the goal to improve their overall quality of life!

Robyn McArthur (Rx 2013) The most important issue facing pharmacists graduating in the next five years will be developing an infrastructure for reimbursement by the government and third-party payers. Given our current value to provide cost-saving clinical services, pharmacists will be required to advocate for reimbursement to implement these services.

Kenny Burns (Rx 2014) Being a pharmacist is important to me because pharmacists are among the most trusted professions in the country. Recognition such as that requires education, adaptability, and, most important, willingness to serve any patient that requires care. Pharmacists are one of the most readily accessible healthcare professions and through collaboration, dedication and innovation we will assume a key role in the health of all Canadians. I want to be a part of that. I want to make a difference.

Please visit http://www.pharmacists.ca/index.cfm/news-events/cpha-blog/ to read more CPhA blogs!

UW CSHP COUNCIL 2013-2014

With the start of a new term comes this year's new CSHP (Canadian Society of Hospital Pharmacists) student council. Many of you may not even know of our council's existence. Hence, just so you can get to know us better, here is some short and entertaining reading for you—introductions! Feel free to read for an up-close and personal glimpse at each of our members.

CSHP Student Liaison (SOPhS): Arpita Desai (Rx 2015)

My goal is to increase CSHP awareness and make the CSHP Council more active at the School of Pharmacy. I plan to do this by introducing new events, such as Continuing Education sessions.

My favourite co-op so far would have to be my first co-op at Kashyap's Pharmasave in Peterborough as it's too early to judge my second co-op.

I'm still undecided on which area of hospital pharmacy I'd like to work in after I graduate, but my current interests include cardiology, oncology, and antimicrobial stewardship.

One random fact about me: I love bumper cars!

CSHP Education Committee Representative: Jackie Diebold (Rx 2014)

By the end of the year I would like to provide our CSHP members with 3 continuing education events (one per term) which will showcase topics that we have little or no exposure to in the classroom. The speakers will provide insightful, thought provoking discussions on material catered to your needs. We are currently planning the first CE for JUNE 11, 2013 so make sure you save the date in your calendars!

My favourite co-op rotation to date would have to be Sunnybrook Health Sciences Centre – Odette Cancer Centre. It inspired me to work in outpatient oncology after I graduate!

Random fact about me: If I wasn't in pharmacy school I'd be a food critic/secret shopper with Danielle Paes.

CSHP Membership Committee Representative: Danielle Paes (Rx 2014)

During my term, I hope to help raise awareness about CSHP and increase the presence of hospital pharmacy at our school. In addition to growing our student membership, I look forward to supporting council initiatives by assisting with CE events and working collaboratively with various partners to ensure UW students are well informed about opportunities related to hospital practice in Canada.

My favourite co-op rotation was definitely in British Columbia where I worked at an independent community pharmacy located on the campus of Langley Memorial Hospital – great experience and great location! That being said, my last work term in Ottawa where I had a split position with CPhA and Bruyère was also pretty awesome!

In terms of my future plans, I am still undecided about the specific area of pharmacy practice I hope to specialize in, but I am very open to the idea of enhancing my clinical skills through residency program.

Interesting fact about me: I was born in Kenya, East Africa!

CSHP Awards Committee Representative: Evan Steed (Rx 2014)

Summer is a busy season for awards in the CSHP. Student, resident and practitioner award applications have started trickling in and will require evaluation before the winners are announced in the fall. This summer I am also aiming to hold a Case Study Competition where the winners will be awarded free admission to the CSHP Annual General Meeting and Education Sessions in November. As for the rest of the year, I hope to help with other CSHP CE events around KW and encourage students to become more involved in this amazing organization.

I loved working at the Children's Hospital of Eastern Ontario in Ottawa. My preceptor exposed me to many different avenues of hospital pharmacy and I enjoyed working with the chronic pain team as well as at Roger's House Pediatric Hospice.

Having seen two completely different areas of hospital pharmacy (pediatric and geriatrics), I am still uncertain where I would like to practice. I am interested in learning more about all areas of health so perhaps I'll start in general medicine and see where that takes me!

Interesting fact about me: I am the second oldest of five children, and have four sisters. Basically, my dad, my dog, and I all stick together so we aren't overwhelmed by estrogen!

CSHP Communications Committee Representative: Carmilia Sun (Rx 2015)

I'm excited to be a part of the CSHP council and look forward to writing more interesting and informative articles—just like this one! My goal is to increase readership of our articles, as well as awareness and curiosity toward the issues and updates on hospital pharmacy and the CSHP organization. I also hope to publish an article or two to in the national CSHP newsletter.

My favourite co-op rotation to date has to be where I am right now: Odette Cancer Centre, Sunnybrook Health Sciences Centre (same as Jackie). Although I had previously worked at Sunnybrook in the Ambulatory Patient Pharmacy, this setting is very different. I have learned so much and worked with so many amazing health professionals and inspirational patients in the short time that I have been here.

As for where I will work after I graduate, residency will be the best way to really find out where my interests lie; but for now, I am most interested in oncology and general medicine.

Interesting fact about me: Some people call me a jock because I love sports and action movies! I am definitely not the typical estrogen-filled girl.

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Now that you know us all so well, don't hesitate to say hi in the halls, ask us any questions regarding CSHP or hospital co-ops, message us on Facebook, or shoot us an email. We would love to hear from you and are more than willing to chat about our experiences in hospital pharmacy.

We are looking forward our FIRST EVER CE happening on at **7:30pm on June 11th at Niko Niko Sushi Restaurant**! The topic will be **Caring for Patients with Mental Illness**, and the speaker for the evening will be Wende Wood, an Education Pharmacist from OPA.

What's New in the 2013 CDA Clinical Practice Guidelines?

Jamie Ikola, Rx 2013

As many of you are aware, the Canadian Diabetes Association (CDA) released the 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in early April. New guidelines are released every 5 years, and with the immense amount of diabetes research that occurs each year, in addition to the availability of novel treatment agents, these new guidelines have highly been anticipated by health care professionals across Canada, including pharmacists. Since pharmacists are playing an increasingly large role in the management of diabetes, it is important that we familiarize ourselves with the most current clinical practice guidelines and be able to use them to help guide our thought process in the treatment of our patients. However, it is important to remember that the treatment of diabetes is very individualized; not all of our patients will fall into these guidelines, and considering patient preference remains an important component of the decision making process. Table 1 highlights some of the changes to the 2013 CDA Guidelines.

Of particular importance to us as pharmacists is the newly developed treatment algorithm for type 2 diabetes, which is provided in Figure 1.

I highly recommend you explore the new guidelines yourself, which can be found at http://guidelines.diabetes.ca/. Slideshows and videos are provided for each section to help explain the content. In addition, the "Healthcare Provider Tools" section provides some great resources that we can use to help our patients.

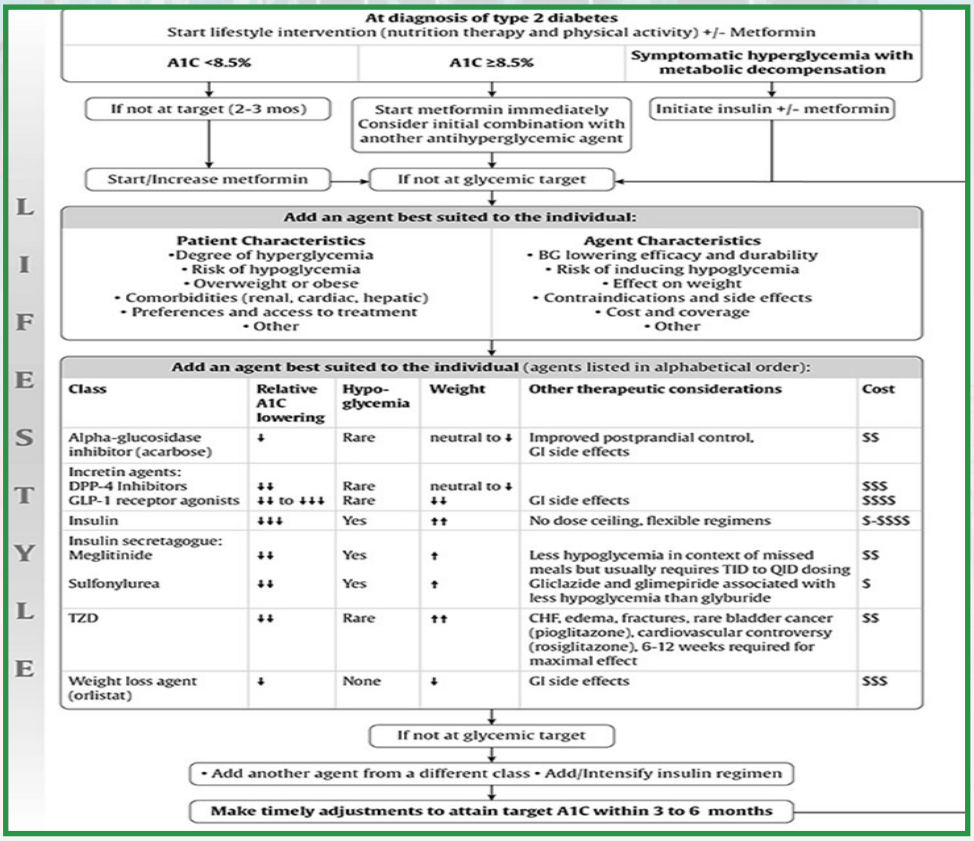

Figure 1: Management of hyperglycemia in Type 2 Diabetes (taken from www.guidelines.diabetes.ca. Accessed April 23, 2013)

References:

Canadian Diabetes Association. Clinical Practice Guidelines 2013. http://guidelines.diabetes.ca/ Accessed April 23, 2013.

Table 1: Highlighted Changes to the 2013 CDA Guidelines[1]

Criteria	2013 Guidelines Change
Diagnostic Criteria	AIC can now be used to diagnose diabetes. The guidelines also make diagnosis criteria more clear. AIC≥6.5% is diagnostic of diabetes AIC 6.0-6.4% is diagnostic of pre-diabetes
Glycemic Targets	Individualized determination of glycemic targets based on patient's clinical condition and personal goals. The majority of patients will still have an A1C target of <7%, but this will vary for select individuals. A tool was developed to help individualize A1C targets: http://guidelines.diabetes.ca/BloodGlucoseLowering/A1Ctarget
Vascular protection	Emphasis on vascular protection and preventing diabetes-related complications. These guidelines provide simplified definitions of who should receive statins, ACE/ARB, or aspirin. Also of note is the new definition of microalbuminuria of ACR>2.0 for both men and women
Organization of care	A "Patient Care Flow Sheet" has been added to the guidelines, which provides a comprehensive approach to managing diabetic patients. This flow sheet is an excellent resource and can be found at: http://guidelines.diabetes.ca/OrganizingCare/PatientCareFlowSheet
Self-Monitoring of Blood Glucose (SMBG)	Recommendations for Type 2 Diabetics taking only oral medications have been added to the guidelines. The guidelines recommend periodic monitoring of pre- and postprandial measurements if glycemic control is not being achieved.
Pharmacological Management of Type 2 Diabetes	A new algorithm for the pharmacological management of Type 2 Diabetes has been developed, which emphasizes the individualization of drug therapy. It is now recommended that metformin can be used at the time of diagnosis instead of only lifestyle modifications. Also, an A1C>8.5% instead of 9.0% is recommended as the cut-off for immediately initiating drug therapy and considering initial combination therapy.

FACULTY SPOTLIGHT: BRETT BARRETT

Daniel Lai, Rx2015, had the opportunity to interview Brett Barrett, Adjunct Clinical Professor at the School of Pharmacy and Clinical Pharmacist at Grand River Hospital.

Structured Portion

DL: Tell us a little bit about your pharmacy education and background.

I graduated from University of Toronto Pharmacy in 2003 and I did both my placements in Kitchener. One was with Grant at St. Mary's hospital (a very humbling experience) and I did a community placement at a small community pharmacy. Previously, I was a summer student at Grand River and already had a job lined up with them post graduation. I completed an internship at Grand River and even before that was finished I was already working and covering general medicine.

DL: What pharmacy positions have you held and how did you come to pick hospital pharmacy? How did you come to specialize in infectious disease?

I covered the general medicine ward from May 2003 for a year and then added the emergency department. This allowed us to provide pharmacy services there that previously were unavailable. Then I was brought in to help with the integrated stroke unit. After that, I went on maternity leave for a year and came back to move into a split position working half the time at new vision FHT and the other half in the intensive cardiac care unit. A bit later, I became the co-lead of the medication reconciliation program. Then, I went on another maternity leave and when I came back I decided that I did not enjoy splitting my attention between two completely different jobs. It was an overwhelming experience and I felt that dividing my attention meant that I could not complete the work to my fullest potential. I definitely enjoy hospital-based practice much more than community ones. A bit later, the cardiac ICU team transitioned to more of an ICU step down unit and expanded the scope of the patients that I took care of.

Soon after, there was an opportunity to step into the infectious disease position, as there was not any antimicrobial stewardship at that time. This was a shared position but I absolutely could not turn down an opportunity to work specifically on antibiotics and I absolutely love teaching students whether it be an SPEP or co-op student. This was how I ended up in the position that I am in today. In summary, I have covered a whole variety of hospital practices with a small amount of community pharmacy experience with more of a focus on the clinical aspect and less on dispensing.

DL: Can you take me through a day-in-the-life of a hospital pharmacist as an infectious disease pharmacist?

I have an office at the hospital and I am responsible for every patient in the hospital that are on antibiotics. I usually have quite a bit of administrative things to take care of. I spend a good 1-2 hours looking at the patients that are in the ICU and working them up in terms of antimicrobial stewardship. This is called prospective audit and feedback. Every patient who is in our 20 bed ICU who is on an antibiotic, I assess them from an antibiotic view only. I determine whether we are treating the patient in the best way that we can for the patient and for our stewardship goals (how long we are treating them for and is it too broad, do we have appropriate cultures, etc.). Afterwards, I walk to the ICU and have a 5-10 minute meeting to the intensive care physician. I know coming into the meeting what solutions I want and how I want to approach our discussion. Then, either the physician agrees with my decisions or not, I will write the orders and it is acted upon.

Then, I spend a lot of my time dealing with consults from my infectious disease physician. This is especially important for patients in which the pharmacokinetics and pharmacodynamics is important to ensuring that the patient receives the correct antibiotics (i.e. endocarditis, meningitis). I would be responsible for doing the dosing and monitoring of those patients because I have more experience dosing these types of patients.

I also get consults from pharmacists around the hospital regarding the appropriateness, dosing, and how to take patients off particular antibiotics. Much of these consults that I do for my colleagues is not recorded. Another big part of my job is collecting and managing data. I need to track the use of antibiotics and infection rates to show that I am having an impact. There is a lot of data management that I handle and report. I am also the chair of the antibiotic subcommittee, which makes hospital wide decisions regarding how antibiotics are used, picking which drugs get onto the formulary.

DL: What led you to pursue teaching? What is your teaching philosophy?

I've always liked teaching students one on one but never had an opportunity to teach a large group of people. I teach physicians, my colleague pharmacists and students about antibiotics. I felt that I really enjoyed it when I get an SPEP, co-op or even a high school student. I get to teach them something new and getting them excited about it. Since I liked teaching one on one, I wanted to see if that would translate here as well. It is a very different experience to teach a large classroom.

My biggest complaint about pharmacists is that we are not confident enough. We don't do a very good job selling ourselves and explaining why we are right. We are very good at weighing options but seem to have a lot of difficulty making a decision. When physicians ask our opinion, they want us to pick something because they respect our expertise in this field. I want to teach pharmacists to be able to make decisions and be able to confidently argue why we are right. I want to create a group of pharmacists who are experts in infectious diseases.

DL: Seeing as how knowledgeable you are, most people would think that you spend your free time reading scientific journal articles, how do you normally spend your free time/days off?

I have two young children so technically I don't have much free time. I love spending time with my kids. I enjoy reading quite a bit and I love to travel so I am always waiting for my next vacation.

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

I think some of the students I have run into are still thinking about school as a marks game. It is important that we get everyone out of that mindset. As long as you get 60%, you will be a licensed pharmacist. It should be less about "I'm going to do whatever I can get the highest mark" but more of I need to do whatever I can to make sure I get this. Even if this means trying to do assignments individually so that you can apply it once you get into practice. I was never at the top of my class in pharmacy school but I feel that I turned out to be a very good pharmacist. It is not about the marks anymore but it is more about getting it and understanding it. We need to make sure we move in that direction.

FACULTY SPOTLIGHT: BRETT BARRETT

AMA (Ask Me Anything) Style – From the Student Body

M.M. There is a rumor circulating around our class about you getting the highest mark in Canada for your PEBCs, care to comment on that?

This is correct. When I wrote the licensing exam, I got the highest mark in Canada and I got an award for that. But. I was never at the top of my class at UoT so this was very surprising. I think what this says is that I am really good at writing standardized tests. I don't think that marks translates into how well you perform as a practitioner. In all honesty, I didn't study much at all for my PEBCs and I think that you don't need to stress out about it because you have been studying for this exam for 4 years. The PEBC is just another hurdle that you need to overcome and from then on you can decide on the type of pharmacist that you want to become. The PEBCs says nothing about your ability as a pharmacist.

A.R. How many guidelines did you memorize in Pharmacy school?

It is funny that you ask this question. When I was in pharmacy school, we didn't really focus much on guidelines. What is a guideline? It's a step-wise approach that an expert tells us how to approach a problem. Everyone has their own guidelines depending on the type of clinical situation and it is up to you to decide whether or not you believe that is appropriate.

I.W. Are you the only antimicrobial steward in the hospital? If so are you on call all the time?

This is true, I am the only infectious disease pharmacist at the hospital. In this period of time when I am working at the school, the infectious disease physician is covering for me at the hospital. But, when I am at school, I am still on call at the hospital.

S.M. How are you able to absorb/retain so much information especially when antibiotic therapy guidelines change at such a fast rate?

There is a variety of tricks that I use. First of all, it's all I have to know so I need to make sure that I am always up to date with all the new drugs and research that is published. I don't currently know what the first, second and third line therapy is for hypertension. Another thing is that I spend a huge amount of time reading the guidelines. Simply by the fact that I am always reading, there is no one who is going to be able to memorize everything on the first attempt. I need to keep applying these guidelines to patient cases in order to retain it. If you understand how the pathophysiology of a disease and how the drug works, you don't need to memorize it. Certain things like which bugs cause what infections, you just have to straight up memorize and there is no way around it. Actually, what I find the hardest is some of the community based stuff, which I don't apply very often. I don't see very much community acquired pneumonia, so it takes me a while to memorize and understand.

A.C. How do you compare the curriculum you were taught at UoT to the one that has been developed here at the Waterloo School of Pharmacy?

Your integration here at the School of Pharmacy is very different, the whole IPFC concept of having topics modular and integrated is unique. I would say it has its pros and cons. When I learned pharmacokinetics, we did everything there is to know on pharmacokinetics as its own course and completely separate. I did not learn a whiff of therapeutics until third year and by then we were so desperate to learn it. I like the fact that you guys get to start it earlier. Having said that I am concerned that having pieces of pharmacokinetics integrated into each IPFC course may cause some student to struggle to see how it fits. Same thing with med chem, we had a full med chem course. I bet that if you pulled out each student's med chem marks and pooled them together, you would see that some students that are not really getting it. I definitely like your integrated courses, I'm just concerned that sometimes when you cut things into pieces that you might be missing certain crumbs. I also think your infectious disease curriculum needs a little work, but I'm working hard to improve on that.

I also really like your co-op program, when I was in pharmacy, we would go to school for two semesters and people would go work at McDonalds or some non-pharmacy relevant summer job. I was lucky because I had summer clinical placements all three years. I felt like many people went into their SPEP not knowing where they wanted to go. However, going into co-op, you are an employee so there are expectations of you. I just worry that not everyone gets the same environment to learn. For example, during my SPEP with grant, his job was to teach me and I was able to learn. In my opinion, there should be some basic learning requirements in co-op and not just a job.

J.L You are involved with a number of practice environments including hospital and academia, plus having a family. How do you find balance? Do you have any advice for time management so you are still able to put your family first?

I think that I do a really good job at not bringing any work home. Now, I might read a journal article once a week. But I know people that go to bed reading journal articles and I am not like that. I will admit that I have spent more time on evenings and weekends working on the IPFC material that I thought my husband was going to divorce me. I am pretty good at saying that I will go in early to make sure that when I come home I am done and that I can focus on my children and myself. I admit that I have a lot of help, such as a cleaning lady and someone to watch the kids when they are sick. Ultimately you cannot do it all by yourself.

SOPhS Communications

Have an opinion about our expanded scope of practice? Experience something on co-op that you'd like to share?

SOPhS encourages you to submit an article for the Pharm Phile newsletter! Submissions can be sent to pharmsoc@uwaterloo.ca by the end of every month for inclusion in the next edition!

If you have any interest in becoming involved with the SOPhS Communications Committee please send an email our way! We are especially looking for individuals interested in helping out with the SOPhS website.

Pharmacy Phile
ISSUE 44| April & May 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 using the guidelines available on the SOPhS website (Communications, under Student Resources).

Society of Pharmacy Students (SOPhS)
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SOPhS 6 WEEK CALENDAR

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 5	2 CPhA Conference: Charlottetown, PEI	3 CPhA Conference: Charlottetown, PEI	4 CPhA Conference: Charlottetown, PEI	5	6	7	8
Week 6	9	10 PIC Educational Session, 5pm & 7:30pm, Rm1012	11 CSHP CE: Mental Health	12	13	14	15
Week 7	16	17	18	19	20	21 OPA Conference: Toronto	22 OPA Conference: Toronto
Week 8	23 OPA Conference: Toronto	24	25	26	27	28	29
Week 9	30	1 Canada Day	2	3	4	5	6
Week 10	7	8	9	10	11	12	13

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) 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.