

SPRING 2015

CAPSIL

CANADIAN ASSOCIATION OF PHARMACY STUDENTS AND INTERNS LETTERS



CAPSI • ACEIP

CAPSI CLUB MEMBERS

Thank you to all the CAPSI Club Members for your sponsorship!



CAPSIL is published by the Canadian Association of Pharmacy Students and Interns (CAPSI) as a service for its members

All published articles reflect the opinions of the authors and are not necessarily the opinions of CAPSIL, CAPSI, or its sponsors

All comments and articles are welcome at capsil@capsi.ca

PRESIDENT'S MESSAGE

Dear CAPSI Members,

The spring issue of the CAPSIL marks the end of our 2014-2015 academic year. Congratulations to all new graduates as you embark on your journey into the profession! For those gearing up for this next chapter in your academic careers, I hope you are all looking forward to the new experiences, knowledge and memories that you will gain this year. CAPSI continuously aims to enhance your experience throughout pharmacy school and beyond schooling, therefore I hope you are eager for the exciting events and benefits we have in store for this year!

Your 2014-2015 CAPSI National Council has done an incredible job this year to coordinate membership drives, fundraisers, seminars, prepare for PDW 2015, Pharmacist Awareness Month events and countless other initiatives.

As your current CAPSI president, I look forward to building on the successes of last year and work alongside our 2015-2016 council to continue representing you, our stakeholders and our pharmacy community.

Whether you have been in classes, on rotation, working or had some time off these past few months, I hope you have had an enjoyable summer.

On behalf the CAPSI National executive council, I wish you a successful year ahead. Have a wonderful last few weeks of summer – soak up some sun and enjoy reading the spring issue of the CAPSIL!

Kavetha Selva
National CAPSI President 2015-2016
University of Waterloo – Class of 2017
[@CapsiNational](https://twitter.com/CapsiNational)



EDITOR'S NOTE

Hello Phamily!

It has been an amazing journey serving you as part of your National CAPSI Council and I could not be more happy to share with you the last issue of the year. Hopefully by now you have noticed the CAPSIL looks different from previous years, and more importantly, you like this layout. One of my major goals was to help make the CAPSIL easier to read and feature stunning photos to showcase the incredible array of things Canadian pharmacy students are up to.

To all the contributors, it has been an incredible journey and as I have mentioned in each of my previous notes, the CAPSIL is only possible because of you. Thank you all for not only submitting your stories, comments, opinions, and ideas, but also for the amazing photos. I cannot express my gratitude in words and I hope I have done your work justice. Please continue to contribute your wonderful experiences, thoughts, and adventures to share with your Canadian phamily and continue to take great photos.



To my translators, I cannot thank you enough. We have received very positive feedback with the quality of this year's translations and the credit belongs to you. In particular, I would like to extend thanks to Nina Yu and Faizath Yalou, who were always quick to reply and willing to help out despite their own hectic schedules.

Finally, please join me in welcoming the incoming CAPSIL editor, Leah Pritchett. Leah attends the University of Manitoba and will be bringing her

Translations Committee

CAMILLE BENOIT
MARIA MARCHESE
PATRICIA JEE
CAITLIN JOHNSTON
TAYYABA MAWANI
GERMAINE TAMI
PIERRE THABET
FAIZATH YALLOU
NINA YU

passion and creativity to CAPSI and the CAPSIL. I am sure we can expect great things in the coming year.

Happy reading,

Amy Lau
CAPSIL Editor 2014-2015
University of Toronto
capsil@capsi.ca



CSHP CORNER – SPRING 2015 UPDATE

CSHP National Student Delegate - JASKIRAN OTAL, *University of Waterloo*



With the conclusion of the 2014-2015 school year, I'd like to thank the outgoing CAPSI Council and the outgoing CSHP student delegates at each school. My own two-year term will be ending this August, and it has truly been an honour working with CAPSI Council, CSHP local reps, and the CSHP National Board to advocate for students and the profession as a whole. With the exciting changes our profession continues to embrace, student leaders across the country are certainly leading by example. I look forward to transitioning this role into the hands of the next CSHP National Student Delegate, who will be chosen this spring after a record number of applications were received! I hope many of you were able to attend local CSHP events this past year, including the CSHP-CAPSI symposium on a variety of topics, and the newly established and hospital-focused Evidence-Based Medicine competition developed through CAPSI Council with CSHP support. As we move forward, I invite you to get in touch with your local CSHP delegates about ways to get involved and to expand your involvement in hospital pharmacy.

CSHP SPRING 2015 UPDATES

- **LOOKING FOR SUMMER STUDENT OPPORTUNITIES IN HOSPITAL PHARMACY?**
 - Visit the Student Corner on the CSHP website: www.cshp.ca/students
 - Under "Current News", click on "Summer Student Job Opportunities 2015" to view current listings! (It will prompt you to sign into my.cshp.ca)
 - The Student Corner also contains information on CSHP membership, residency, and more!
- **CONSIDER ATTENDING CSHP'S SUMMER EDUCATIONAL SESSIONS IN OTTAWA!**
 - **What:** CSHP's summer conference
 - **When:** August 15-18, 2015
 - **Where:** The Westin Ottawa in Ottawa, Ontario
 - **Why:** An enriching conference entailing education via workshops, networking with practicing pharmacists, social events in the nation's capital... WHY NOT? The Summer Educational Sessions (SES) are an excellent way to explore hospital pharmacy, relevant topics, and engage in stimulating discussions with pharmacists and pharmacy leaders in hospital, pharmacy, and even community settings. I had the pleasure of attending this conference the past two years in Calgary, Alberta and St. John's, Newfoundland, and would recommend this conference to anyone who is able to make it out! Hope to see you there!
- Want more info? Feel free to email me at jaskiran.otal@gmail.com

**I HOPE EXAMS AND PLACEMENTS ENDED WELL FOR ALL –
AND CONGRATS TO THE GRADUATES OF 2015!**



**"Like" CSHP on Facebook or follow @CSHP_SCPH
on Twitter for up-to-date info!**

INCOMING 2015-2016 CAPSI NATIONAL COUNCIL



PAST PRESIDENT - AMBER-LEE CARRIÈRE
PRESIDENT - KAVETHA SELVA
PRESIDENT-ELECT - CAITLIN MCGRATH
EXECUTIVE SECRETARY - SHELBY SCHERBEY
VP COMMUNICATIONS - VEERAL GOHIL
VP EDUCATION - LAURA BUDDO

VP PROFESSIONAL AFFAIRS - DAN BURTON
FINANCE OFFICER - PARAAG TRIVEDI
SEO - CASSANDRA WOLT
IPSF LIAISON - PHOEBE HSU
CAPSIL EDITOR - LEAH PRITCHETT
WEBMASTER - HUYEE CHAN

UNIVERSITY OF BRITISH COLUMBIA
SENIOR - KEVIN SIN
JUNIOR - JANE ROLANDI

UNIVERSITY OF ALBERTA
SENIOR - ALYSSA SCHMODE
JUNIOR - MARLINE AIZOUKI

UNIVERSITY OF SASKATCHEWAN
SENIOR - KELSEY JOORISITY
JUNIOR - KAITLYN TRESS

UNIVERSITY OF MANITOBA
SENIOR - ALAN PHUNG
JUNIOR - JENNIFER BUTLER

UNIVERSITY OF WATERLOO
SENIOR - ELAINE DINH
JUNIOR - MONIQUE ELSA

UNIVERSITY OF TORONTO
SENIOR - AREEBA ZAHEER
JUNIOR - MARIA MORENO

UNIVERSITÉ DE MONTRÉAL
SENIOR - CAMILLE BENOIT
JUNIOR - JEAN-FÉLIX CÔTÉ

UNIVERSITÉ LAVAL
SENIOR - ANAIS PARÉ
JUNIOR - KEVIN YOUSSEFIAN

DALHOUSIE UNIVERSITY
SENIOR - NATALIE SCHOLTEN
JUNIOR - PIERRE THABET

MEMORIAL UNIVERSITY OF NEWFOUNDLAND
SENIOR - SYDNEY SAUNDERS
JUNIOR - KYLA HYNES



UNIVERSITY OF TORONTO
LESLIE DAN FACULTY OF PHARMACY

INDUSTRIAL PHARMACY RESIDENCY PROGRAM

Original application forms, letters of reference and transcripts for the one-year Industrial Pharmacy Residency Program, sponsored by the Leslie Dan Faculty of Pharmacy, University of Toronto, in cooperation with the participating companies, should be sent to the coordinator of the program 144 College Street, Toronto, ON. M5S 3M2 during the period of September 1, 2015 to October 1, 2015. The participating companies for the 2016-2017 term are expected to be Apotex Inc., Astellas Pharma Canada Inc., Biogen Idec Canada Inc., Eli Lilly Canada Inc., GlaxoSmithKline Inc., Hoffmann-LaRoche Ltd., Sanofi Pasteur.

For further information, please contact the coordinator, Dr. Ping I. Lee at 416-946-0606 or the executive assistant, Diana Becevello at 416-978-2880. Full information is provided at the website www.pharmacy.utoronto.ca.



AN OPEN LETTER TO CAPSI



Dear CAPSI delegates and members,

Professional Development Week (PDW) has come and gone this year, and again, I am very thankful for attending

such a professionally organized conference that we all should be very proud of. I cannot imagine the work that goes into the organizing and planning necessary to pull off such a tremendous event, so from the bottom of my heart, thank you to everyone involved every year! I have attended the last three conferences, and I have made many new friends, attended great events, and enhanced my knowledge base. My experiences have been nearly perfect, but one blemish has stood out in my mind ever since I first attended the conference in Montreal. The defect has little to do with the actual conference, but rather the core of CAPSI governance, and how we elect our leaders.

Since the CAPSI elections are a mandatory component of PDW, my opinion of the conference is slightly tarnished every year. After all, it is more than tedious to crawl out of bed after a nearly sleepless night to attend this mandatory session. We sit there, some of us barely awake, and listen to our colleagues deliver mostly mundane speeches about

how they are the best candidates for the position. Then, we all vote for the winners...

OHHHH WAIT! WE DON'T VOTE!!!

Our CAPSI representatives corral us into a makeshift square of seats and walk around to get our impression of the candidates. Later on, they meet with CAPSI council and decide who wins. That's right – only the elite CAPSI representatives choose the next council positions!

There is utterly no way that a CAPSI rep carefully considers all the comments of each delegate from their respective university cohorts, and then communicates the collective opinion during the later meeting. This year in protest, I only commented on the colour of the candidate's hair, and I'm sure that important fact wasn't discussed during the secretive council meeting, where all the magic happens. I can't help but think of the election's meeting as being synonymous with the Stonecutter episode of the Simpsons, where a secret society de-

cides all the most important decisions of the world. If you are too young for that reference, please Youtube it. You are truly missing out if you haven't experienced the satirical brilliance presented through the greatest cartoon ever made.

Without too much digression, I should say that I respect the CAPSI representatives. I have had the chance to work with several over the past four years, and have developed not only strong collaborations with them, but also great friendships. I know that our local representatives are tremendous ambassadors for our profession, and I respect their decisions. However, we are all human, and it is impossible to remain totally objective when it comes to elections. Without a doubt, subjectivity will creep in and choices will be made that are more in line with a particular CAPSI representative's opinion, than what might be the opinion of their cohorts.

I would also like to suggest that this is not a fringe concern by a crazy past president with a personal vendetta. I have been having discussions about the CAPSI elections with our local council, which includes our CAPSI representatives, for over a year now. I know that our CAPSI reps are interested in change and have attempted to encourage further discussions among the upper echelon within CAPSI, but meaningful efforts toward a democratic vote have proved sluggish.

So, why aren't the CAPSI elections more democratic? I have heard a few reasons over the years, none of which

have been very compelling.

The first comment I heard was that people just don't care about the elections. To be honest, I can appreciate why most people wouldn't care. They simply aren't involved in the process. There is virtually no campaign to get to know the candidates, and of course we don't decide the winners anyway! We hear one speech, and are supposed to formulate all our thoughts. Then, if you are lucky enough to have your CAPSI rep walk by your seat, you might be able to express your views.

Another statement I have heard is that if everyone voted, the university with the most delegates at the conference would decide the winners, essentially turning the election into a turf war. It would be just another "Pharmafacts" competition where we try to see which school can show the most school spirit, and gloriously defeat all the other schools that are beneath them.

Both of these aforementioned reasons to withhold a proper democratic election are beyond silly. We are adults entering a respected profession, and it is time that we are treated like it.

First of all, people will care if they learn about the candidates earlier than the day of the vote. I know that some information is given out about the application process and some potential candidates prior to the conference, but much more could be done to promote this. The campaign should begin months before the conference, and a central forum

generated on the CAPSI website. Local CAPSI reps could promote it through Lunch and Learns, etc. Learning about the candidates and what they have to offer before the election would be very efficacious at making people care, and we would be far more likely to vote for ideas instead of school spirit.

Secondly, the actual voting process could be easily established. While I am not the most technologically advanced CAPSI member, I know many of my peers could develop an application for a smartphone, or find some other way to establish a seamless confidential vote. After all, we do it every year for our local student body elections!

If we establish a true democracy, as we should, we could also remove the mandatory session. Voting is a right that we can choose to exercise or not. If people truly don't care, they shouldn't be voting anyway! If the electorate is engaged, the voter turn out will be respectable. Our local student association gets the highest voter turn out for our whole university because we run successful campaigns, and keep the voters interested in the process. I think CAPSI could easily establish a process that is engaging for its members.

In closing, let us abolish the CAPSI monarchy, and establish a democracy for the Pharmily and by the Pharmily!

Sincerely,
Brad Snodgrass
APSA Past-president



A MESSAGE FROM CAPSI NATIONAL

To quote Sir Winston Churchill *‘Many forms of government have been tried and will be tried in this world of sin and woe. No one pretends that democracy is perfect or all wise. Indeed, it has been said that democracy is the worst form of government, except for all the others that have been tried from time to time.’* The former prime minister of Britain brings up an excellent point that no democracy or any of government for that matter is perfect, each has its flaws. CAPSI National is no exception, our organization and election process is not perfect. However, as an organization CAPSI National continues to strive for excellence, transparency and to maintain our due diligence for our members.

CAPSI’s vision is a national community of pharmacy students and interns empowered to advocate for the advancement of the profession towards excellence in patient-centred care. We value unity, professionalism, advocacy, academics and excellence and we pride ourselves on our membership relations.

Concerns raised about our election procedures reflect our open dialogue with our members, but more importantly, it highlights a lack of transparency and awareness about our election procedures.

Unlike the Stonecutters society (*“Who keeps Atlantis off the maps? Who keeps the Martians under wraps?”*) CAPSI strives to advocate for the interests of Canadian pharmacy students in the 10 pharmacy faculties in Canada.

In our efforts to be an open and transparent organization, we have posted all of our meeting minutes, our by-laws and constitution on our [website](#).

Election protocols are listed under point 4 [here](#).

Each school elects two local CAPSI representatives, independently. Moreover, each school has a slightly unique way of nominating and electing these representatives, but all schools choose these individuals. The local representatives are elected to represent their school on CAPSI’s national stage and in all CAPSI related business.

There are two challenges that CAPSI faces at each election, and unfortunately both are due to the logistical challenges of having a council that stretches from coast to coast. CAPSI executive members come together face-to-face only twice a year. The rest of our work happens through (many, many) emails, phone calls and teleconferences. Our executive members and their specific responsibilities are less visible than those of local student government positions. To compensate, we take the opportunity at PDW – our largest and best-attended event – to hold CAPSI’s Annual General Meeting (AGM) to share what we do for our members year round. For this reason, we allow interested candidates to submit applications for positions on council after our AGM and 24 hours prior to the elections. It is also for this reason that we do not regulate, or otherwise limit, promotional campaigns.

Our second challenge is the diversity of the schools we represent. Each pharmacy faculty across the country has different class sizes ranging from 30 to over 200 students per class. This is based on differences between provincial populations, resources, and universities. Within each university, there are also varying levels of CAPSI memberships. At some schools, membership is compulsory, while at other schools membership is optional. Therefore, the votes allocated to local representatives is divided based on the number of CAPSI members at each university, though imperfect, this helps to ensure that each CAPSI member is represented fairly. This system of vote allotment is based on the distribution of ballots used in the House of Commons of Canada that highlights the principle of ‘representation by population.’

At the elections, after the members have had the chance to hear from each candidate and review their curriculum vitae and letter of intent, the senior and junior representative of each school promotes discussion among their members in order to gain comments about each candidate. Local representatives then gather a general consensus, which is brought forward at the national council meetings for further discussion. At this meeting, the President leads a non-biased discussion, where each position

and candidate is reviewed but personal opinions and actual votes are not discussed. The review begins with the outgoing Executive council member, who presents their responsibilities, insight into future responsibilities of their position on council and impression of the candidates. The general council then discusses important points or questions about each candidate that their membership had during the elections. Finally, the President will bring the discussion to a close and ballots will be cast.

Each senior and junior representative is allotted one vote (as is every executive council member, except for the president, past-president and all ex-officio council members). Each school is given an additional vote for every 200 CAPSI members. The number of votes each school is allotted is organized by the National Secretary and made public prior to the elections. Following the elections, council meeting discussions and voting, the ballots are counted by the Secretary and a scrutineer (one of the non-voting council members). Results are revealed to the President, who speaks to each candidate prior to the announcement of the new council at the PDW closing gala.

CAPSI understands that the voting process implemented at PDW is flawed. Rest assured we are striving to make improvements to our election process. In an effort to be more transparent and to have direct feedback from our membership, CAPSI National has planned to implement the following:

- Open our meetings to general members who wish to see how council meetings run. This will happen at PDW and will be worth an attendance point.
- Start an ad-hoc committee to review election procedures and how best to run our elections (starting May 2015).

In conclusion, we would like to reinforce the importance of your opinions as CAPSI members; therefore, if you have any questions, comments or concerns about how you are represented as a CAPSI member, please do not hesitate to contact your local representative or CAPSI National (pres@capsi.ca).



LA PHARMACIE FRANÇAISE

By ELLEN DAWSON,
Dalhousie University

SINCE GRADUATING high school, I have wanted to go on an exchange and immerse myself fully in a foreign country and its culture. In my first year of pharmacy school in 2012, I first heard about the IPSF Student Exchange Program, which sounded like the perfect opportunity for me. After applying last year, I was so excited to be selected and very fortunate to have the chance to experience Nantes, France, last spring.

From my arrival at the airport, where my host pharmacist picked me up, I was immersed in the French language. This was an additional learning experience aside from the pharmacy aspect that I had been greatly anticipating. Something that really enhanced my exposure to the language as well as culture was being hosted at the pharmacist and his family's home. I was so fortunate: they were warm and welcoming, making me feel at home almost immediately.

Just hours after arriving, I went to visit the pharmacy where my exchange would take place and also had the pleasure of meeting some of the local pharmacy students. The pharmacy was located in the centre of Nantes, right next to a stunning cathedral. The university had a very tight-knit faculty of pharmacy, and I was pleased to have tour guides to show me around the beautiful city. They also were kind enough to take me with them on a weekend trip to a nearby city to visit their friends at another pharmacy faculty. The students often gathered at the pharmacy campus just to hang out and I attended some social events that they hosted there. Also, it was great to have someone to tell me where the best bakeries were – the food was delicious!

My internship at the pharmacy was a valuable learning experience, and I am so glad that I took a chance and seized the opportunity to participate in the Student Exchange Program. I enjoyed the contrast of the functioning of the French pharmacy in comparison with community pharmacies in Halifax, and value the unparalleled opportunity to diversify my pharmacy experiences in addition to gaining exposure to international pharmacy practice.



TRIP OF A LIFETIME: IPSF IN KOREA

By ROSA HUR
University of Manitoba

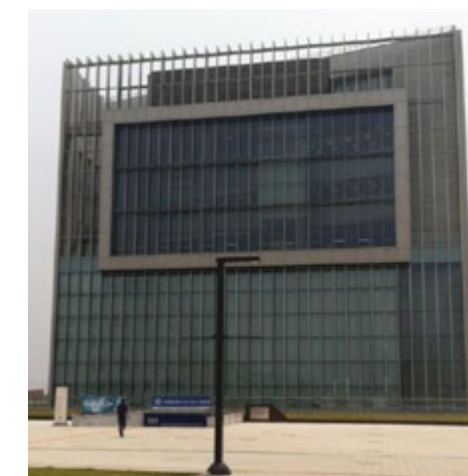
THIS SUMMER I had the privilege to go on an exchange to South Korea for 2 months. Although I have travelled to Korea before, the memories and the experiences I had this summer were incomparable to the trips from the past.

I was placed in Yonsei University in Songdo, Incheon to be part of the stem cell research team. I have never done any kind of research before, so, when I arrived at my supervising professors' office, I had no idea what to expect. However, I soon found out that I had no reason to worry. The students, researchers, and professors were extremely friendly and welcoming. They were excited to have me be part of their team and were encouraging and supportive. Thanks to their help, after the first week of orientation, I was able to independently carry out simple tests with my own set of stem cells. I undertook experimentation on how the platelet-derived growth factor (PDGF) enzyme activity would differ when treated with variety of pharmaceutical products our lab was working with. This required that I process my stem cells with different pharmaceutical drugs and observe the differentiation of stem cells over a period of time. There was a machine that would take microscopic pictures of the cells in order for them to be analyzed for PDGF activity. Then the findings were documented and shared with fellow colleagues and professors during the weekly seminar. By the end of the exchange, I was given the opportunity to present what I have worked on for the past couple of weeks. Although I spent most of my times observing and learning



from other people's research, my supervising professor insisted that I give out a presentation before leaving. I can still remember nervously going through the PowerPoint slides and the excitement that I felt when fellow researchers told me how proud they were of my accomplishment. The day of my presentation was definitely one of the highlights of my exchange.

Besides research, I was given the opportunity to meet up with students from KNAPS (Korean National Association for Pharmaceutical Students, which is the Korean equivalent of CAPSI). I can't explain how much I appreciated their welcoming gestures and invites to the events that happened throughout the summer. It was a blast to hang out with fellow pharmacy students in Korea and to be able to explore the country with their guidance. I found out that pharmacy was a 4 year degree in Korea with 2 previous years of study before entering the faculty. Their courses consisted of a lot more classroom based lecture



materials rather than clinically based activities like the TOSCE or the OSCE like we do here in Canada. I enjoyed the beautiful scenery by the ocean, the city lights at night from the top of the mountain and the modern culture of Korea including k-pop and shopping. I loved the cute cafes and restaurants on every street corner that were usually open for 24 hours. After becoming good friends with my colleagues and students from KNAPS, we attended concerts, parties and went out to sing karaoke together. I still talk to the friends that I made in Korea and I know that we are going to be lifelong friends despite the distance.

This exchange was definitely an incredible trip of a lifetime. As a pharmacy student I developed research and communication skills. As an individual I learned to become independent and adventurous. Overall I had such a fun time in Korea that I wish every student in Pharmacy would be able to experience this great opportunity with IPSF!

SEP ADVENTURES IN FRANCE

By NICOLE HUNTER, *Dalhousie University*

ONLY MONTHS AGO I had arrived to Dijon, France, excited to explore a new city and experience pharmacy practice in another country through the International Pharmaceutical Students' Federation's Student Exchange Program (SEP). Upon arrival, I was welcomed by two other SEP students, the student exchange officer (SEO), and the local exchange officer (LEO). During the three weeks of my stay in Europe, I learned about the French pharmacy system, experienced the French culture, explored Dijon and other European cities, and made new friends along the way!

Through the IPSF SEP, I was matched with clinical laboratories, specializing in parasitology and toxicology, at the Centre Hospitalier Universitaire (CHU) de Dijon. The personnel who work in parasitology included supervising pharmacists and medical doctors, technicians, and a pharmacy resident. In the Parasitology lab, the technicians would routinely grow cultures from patient's samples to determine the species of filamentous fungi or yeast pres-

ent. The pharmacist and doctor would subsequently determine the appropriate treatment.

In contrast, the pharmacy team of the Toxicology lab would use analytical methods to determine the presence of narcotics or controlled-substances, often for forensic cases. In addition, the pharmacist would routinely monitor blood levels of drugs with narrow therapeutic range. In this laboratory, I also met a medical student from Romania completing a rotation at CHU Dijon.

I was surprised with how specialized and laboratory-based clinical pharmacy practice is in France compared in Canada. In France, a four year residency is required, following completion of a pharmacy degree in order to practice as a clinical pharmacist. For example, the pharmacy resident in the Parasitology lab was completing his specialization as a clinical biologist. This specialization permits the pharmacist to have comparable rights to a medical doctor of the same specialization.

Not only did my hosting pharmacist and his colleagues show me many new aspects in the clinical laboratory, during coffee breaks they brought in different specialties of the region, such as Comté cheese and sweet pastries, and gave me suggestions on places I should visit during my stay.

I was very fortunate that two pharmacy students accommodated me during my time in Dijon. I spent part of my time with the SEO and her family in the city centre. They introduced me to traditional French cuisine and made me feel like part of the family. For the latter half of my exchange, I stayed with a second pharmacy student in her apartment, also in the city centre. I was introduced to other pharmacy students in their class and took part in local activities.

In addition, there were 6 other students from around the world participating in SEP in Dijon, with focus in research, community and compounding pharmacy settings. We would often meet for lunch and again in the evening to explore the city and to check out local music festivals, markets, and shops. One of the hosting pharmacists and LEO planned a day trip for the SEP students to Beaune

to see the famous medieval Hospice and taste the wine of Burgundy.

In addition, a weekend excursion to Paris was planned for all SEP participants in France. This included students from Slovakia, Slovenia, Turkey, Portugal, Romania, US, Canada, and France completing SEP in a number of cities in France, including Strasbourg, Bordeaux, Lille, Marseille, Toulouse, Paris, and Dijon. We toured the city with an evening boat tour on the river and walked through the city during the day, ate delicious food, and enjoyed the Paris nightlife.

I would strongly recommend participating with the IPSF SEP to any pharmacy student interested in travel and pharmacy practice in another country. I found the exchange program to be a great opportunity to experience a new country, different culture, and meet other students and pharmacists. Dijon was a great location for the placement, as it is a smaller city making it easy to commute to work and connect with the other pharmacy students in the area. I am very grateful for everyone who made my stay in France so enjoyable and look forward to visiting Dijon again in the future!



REFLECTION FROM CSHP 2014 SUMMER INTERN

By ANTHONY HAVLICEK, *University of Saskatchewan*

TWO MONTHS, two conferences, and three provinces later, I am sad to see my term as CSHP summer intern coming to an end. The time I spent in Ottawa has been truly memorable and I am extremely thankful for the wonderful people at the national office for welcoming me with open arms and allowing me to peer into the inner workings of the Canadian Society of Hospital Pharmacists (CSHP).

I began my internship in Saskatoon, Saskatchewan, where I was fortunate enough for the opportunity to attend the Canadian Pharmacists Conference. In addition to attending numerous educational sessions and being introduced to many hard working and dedicated people, I was able to partake in several CSHP joint officer meetings with organizations such as the National Association of Pharmacy Regulatory Authorities, the Canadian Association of Pharmacy Students and Interns, and BDM IT Solutions. These were, as I would come to learn, simply a glimpse as to what summer had in store for me.

Soon after the close of the Canadian Pharmacists Conference, I boarded a plane and made my way to Ottawa, Ontario, where I officially began my work at the CSHP national office. Within the first two weeks, I was able to attend meetings with the Blueprint for Pharmacy Steering Committee and the Specialization in Pharmacy Task Group, where I obtained a bird's eye view of various issues affecting the practice of pharmacy in Canada. In addition to meeting with various external organizations, I was able to engage with the several internal CSHP committees on topics such as advocacy, CSHP 2015, membership, and pharmacy practice standards. Witnessing so many people from across the country work towards common goals was truly inspiring and has proven, at least in my mind, that the future of hospital pharmacy is indeed looking very bright.

Coming to Ottawa, I of course brought my own set of goals. I was eager to help make a difference wherever I could, however small. The various projects I was assigned were both compelling and personally rewarding. Some

of these projects included summarizing the data obtained from the recently completed membership survey, reviewing the Compounding Guidelines for Pharmacies, undertaking a literature search on seamless care, and collaborating with the CSHP Student Delegate in order to put together a student welcome package. I cannot speak highly enough of all the volunteers involved with these initiatives and I am extremely grateful for having been given the opportunity to gain new perspectives in these critical areas.

Projects and meetings kept me pretty busy throughout June and July and, before I knew it, August rolled around and it was time to hop on another plane heading east for the 2014 Summer Educational Sessions (SES). SES 2014 turned out to be a whirlwind of activity addressing the goals and initiatives of CSHP on a national stage. I was able to witness firsthand the decision making process of the CSHP Board, partake in the strategic planning of a new vision for CSHP, and attend many informative educational sessions regarding hot topics in hospital pharmacy. If that wasn't amazing enough, everything took place in picturesque St. John's, Newfoundland.

Reflecting on my time in Ottawa, it is astonishing to realize just how much I have taken away from this unique experience. It is not every day that one gets to rub shoulders with the VIPs of the hospital pharmacy world. One thing I learned is just how humble and down to earth each and every one of them really is. It makes me all the more proud to call myself a pharmacist in the making and I can only hope to one day fill at least a small portion of the large shoes of those who have come before me.

Thank you once again to the staff at the CSHP national office and to all the dedicated pharmacists who selflessly devote their personal time to CSHP initiatives. I cannot speak highly enough of the Society or the summer internship program and I would very much encourage my fellow students to consider getting involved and coming to Ottawa. Trust me when I say it would be the time of your life!



CPhA 2014

By HANNAH MOORE
University of Alberta

AS THE 2014 Alberta winner of the CPhA Centennial Leadership Award, I had the amazing opportunity to go to the CPhA conference in Saskatoon. It was an amazing way to get to know pharmacists and other students from across the country, and it instilled a sense of pride in me for the wonderful country of pharmacists that we have. The 10 winners of the award (one from each school) were invited to enjoy two days of activities

to get to know each other, and then we attended the conference for the next three days. I got to meet some amazing friends, and learn more about how to care for patients.

Some of the fun things we did included painting a masterpiece as a group, learning authentic First Nations games, including "two balls"—a game like lacrosse played with buffalo testicles. One day, we went to Ayden Kitchen and Bar, a restaurant whose chef, Dale MacKay, is the first ever winner of Canada's Top Chef. Let's just say, it was the most delicious hot dog I have ever eaten! We were also able to go go-karting, with speeds up to 80kph!! I learned that I'm a terri-

ble golfer, I have no real artistic skill (except for painting super-cute squirrels), and that I really love Alberta beef.

The coolest part for me, though, was meeting the amazing pharmacists around the country and discussing prescribing practices for pharmacy. Many pharmacists knew that we could prescribe in Alberta, but they were always shocked when they understood how many medications we could prescribe. Through discussions, I was able to alleviate a lot of people's worries. Overall, I was glad to learn about how coming together as a group, passionate about pharmacy, can make for some super fun times. I am excited for the future!

PDW 2015 STUDENT STORIES



CAPSI'S PROFESSIONAL DEVELOPMENT WEEK (PDW) 2015 in Quebec City was a huge success. As a first-year student, PDW was a brand new concept to me; I had limited knowledge of what to expect. I was entering a city new to me, with hundreds of students from across Canada involved in the conference; however, PDW 2015 in Quebec was a remarkably positive experience.

The educational components of the conference incorporated a variety of subjects to inspire us as future pharmacists to discover where our passions lie and to strive to reach our full potentials. Alexandre Bilodeau, Canadian two-time Olympic champion was the motivational speaker selected by this year's PDW planning committee. Although his status as a Canadian Olympian was naturally captivating, his presentation, "My Life in 23 Seconds" was engaging as he explained how he has gotten to where he is today; however, his impressive achievements locally, nationally and internationally were not the focus of his speech. His purpose was to demonstrate the importance of being flexible, making the best out of difficult situations, perseverance, and finding your inspiration. He genuinely inspired me to remember the importance of maintaining a balance in life. Bilodeau's story is thoroughly

applicable to everyone's life as changes constantly happen, and these changes are often out of our control.

With our future careers in mind and the roles of pharmacists changing, PDW 2015 embraced the importance of an interprofessional approach to health care. Several professionals and specialists prepared presentations to cover topics relating to pharmacy, career and educational opportunities, research, non-profit pharmaceutical care missions abroad, as well as treatment and management of particular diseases such as diabetes. Dr. Louise Thibault discussed the effect of nutrition on cognition. She engaged the audience with a game of Fact or Fiction for common misconceptions about the physiological effects of particular foods. The speaker panel about ADHD was captivating as the seminar was multi-dimensional. The focus was not solely on pharmaceutical approaches to treatment, but also the importance of non-prescription treatment for behaviour management.

Throughout the conference, it was impossible not to meet students from other universities and discover where they have been, and where they hope to be in a few years. Building new relationships whether short, or long lasting

is important for all of our futures. I was excited to learn about the perspectives, involvement, and spirits of students from other provinces. We all have some similarities and differences in our educational experiences. Coming together at PDW is an opportunity to share these things. Not once did I notice a lack of spirit for the profession and our schools. The outpouring of support for our classmates and peers was constant from the Mr. Pharmacy competition to the Pharmafacts bowl.

The entire conference served as encouragement to keep an open mind. I constantly struggled to remember that every student present was a pharmacy student, like myself. We all have a considerable amount of things to learn from one another. PDW is a fantastic way to bring pharmacy students from across the country together to celebrate and work toward advancing the profession of pharmacy. Until one experiences PDW, it is difficult to fully grasp what an amazing experience it is. PDW 2015 surpassed my expectations by far and truly inspired me to take advantage of the opportunities available for students. I look forward to being a part of welcoming PDW 2017 to Winnipeg, Manitoba.

By: ANN RUTH, *University of Manitoba*



I STEPPED OUT OF THE airplane and found myself in front of a sign that read, "Bienvenue". We're definitely here I thought to myself, in nothing less than excitement! Although intimidating as Quebec can be for a non-Francophone like myself, I can safely say that I felt nothing but excitement upon my arrival. I was ready to experience pharmacy in a novel and educational way, alongside peers from all over the country. As a first year pharmacy student, I was not sure what to expect from my first PDW experience. Fortunately, from my arrival to the Delta hotel, listening to the many educational speakers, participating in CAPSI elections, attending the first national Mr. Pharmacy pageant, meeting many new colleagues and friends, all the way to my departure, my PDW 2015 week was action packed, educational and inspiring!

The PDW speakers were collectively stimulating to say the least. Conveniently, many of the presentations were "first year friendly" as indicated in the PDW brochures, which made attending them less intimidating. I was exposed to many facets of the pharmacy profession and the endless opportunities that are offered to new students or fresh graduates. Whether I chose to pursue applied pharmaceutical research as Frederic

Calon had done or if I had a passion for travel like Natalie Chenele had discussed in the Pharmacists Without Borders program, there was a speaker catering to everyone's interests. Listening to Alexandre Bilodeau's motivational speech reminded me that success required personal growth, learning and persistence. His humbling experience towards Olympic accomplishments mirrors the success that we are able to attain in our career goals and personal lives as we strive for excellence as well as balance. Most importantly, I realized the potential for positive change the profession of pharmacy has in the future years, as was highlighted in the "Value of a Pharmacist" presentation given eloquently by Bertrand Bolduc. Bolduc explained what it meant to be a pharmacist today and well into the future by defining the need for pharmacists and describing the ever-evolving role we play in health care. It took me by surprise to find out that he had never presented this topic to students before. I was pleased to be one of the first!

Opportunity was at every corner during PDW, especially during CAPSI general assembly and elections where students were introduced to CAPSI representatives who each described their title, role, goals and accomplishments

during the year. It was rewarding and informative to participate in CAPSI elections and to recognize that we as students can hold national positions in order to bring about positive change.

In addition to educational content, PDW facilitated much time for healthy socializing between pharmacy students from all over the country during Bollywood night, Dagobert night club, and the Captain's dinner. Speaking with students from different provinces opened my eyes to other universities much bigger than my own, and curriculums that were slightly different than what is experienced at U of M. Along with healthy socializing, came healthy competition during the Pharmafacts bowl and the first national Mr. Pharmacy Pageant, in which our own Micheal Wiebe, from the University of Manitoba received the highest score in the talent portion; wooing the judges with a memorable magic show. An overwhelming feeling that prevailed was the realization that I was surrounded by almost 800 soon-to-be pharmacists from all over Canada who will all be defining the future of the profession and making a difference in the lives of patients everyday.

The landscape of pharmacy is every changing and the opportunities for student involvement are numerous. To experience all of this in a welcoming and fun way was beneficial to me, especially so early in my pharmacy career. PDW is an opportunity that every student should experience because it brings the profession together and facilitates personal and professional growth. I am looking forward to PDW 2016 in Niagara Falls and even more excited for PDW 2017 being held in none other than Winnipeg Manitoba. Manitoba students will have an opportunity to showcase what Winnipeg pharmacists have to offer! Alas, another opportunity awaits us. I salute the PDW 2015 planning committee and volunteers for executing such a smooth and stimulating PDW experience!

By: KAREN MAGSINO,
University of Manitoba

PDW 2015 STUDENT STORIES



PROFESSIONAL DEVELOPMENT WEEK is an annual conference for pharmacy students, and was held this year in Quebec City under the banner 'All aboard for higher standards'. The potential for collaboration and interaction with fellow pharmacy students is nearly limitless, though hinges largely on student initiative, as conference participation outside of mandatory events is largely optional.

The conference opened to a packed audience with a motivational speech from the gold medal Olympian Alexander Bilodeau. Through a re-telling of his Olympic journey, Mr. Bilodeau conveyed the notion that anything is achievable with diligence and perseverance; and that in times of uncertainty, we can look

to others for strength and inspiration. Through an emotionally captivating anecdote, he explained how his brother with cerebral palsy gave, and continues to give him courage when at times his goals may have seemed unreachable. His closing wisdom (**** it) provided relief from the emotional undertone of his uplifting presentation, and acts as a blunt but relevant reminder for pharmacy students. We prepare all that we can for exams and OSCEs, but regardless of all else, we must force ourselves to let go of the associated anxiety and simply focus on performing to the best of our abilities.

As the conference progressed, the number of empty seats for the speakers was notably increased, as many del-

egates had completed the majority of their conference requirements by the end of the first day. Presentations on the treatment algorithm for ADHD, veterinary medicine and functional foods/netraceuticals highlighted the conference program. Perhaps the most unfortunate aspect of the conference was the overlap between speakers that required a decision ahead of time based solely on a speaker abstracts.

The competitions were perhaps the best opportunity for students to network with others within the profession. For the vast majority of the conference, students were primarily but not exclusively confined to groups within their respective universities. The competitions provided a chance to come together and

discuss programs and developments at other schools, and also to support and encourage the other competitors. I learned that jobs in COOP programs are not created equally, with respect to learning environment, as well as salary. In addition, competition for hospital residency programs remains high throughout Ontario and B.C., and although more spots are available (up to 5 in select regions), competition is frequently among hundreds of other applicants, as hospital pharmacy has taken over from retail as the new niche of choice for graduating pharmacy students. Students at the University of Waterloo are even given personal business cards, which was extremely advantageous to carrying around printed resumes at the PDW conference, particularly during the student health fair, which was an opportunity to meet countless prospective employers.

Representing Manitoba at the Mr. Pharmacy competition was a great honour. Meeting representatives from other schools provided an additional chance for networking and connecting with fellow pharmacy students that would otherwise not be possible. Though our university did not win the competition, the cheering, support and recognition was truly humbling. I could not leave the hotel without someone calling "Magic Mike" down the hallway, but in reality, there is no magic without assistants. The power of working together in collaboration to create something spectacular is wherein the real magic lies, and it is that which embodies the true spirit of the conference "all aboard to higher learning".

By: MICHAEL WIEBE,
University of Manitoba



THE CANADIAN ASSOCIATION OF PHARMACY IN ONCOLOGY (CAPHO)

Are you interested in oncology? Would you like to network with oncology pharmacy professionals across the country? Why not consider joining the Canadian Association of Pharmacy in Oncology (CAPHO)! Student membership in CAPHO is only \$25/year!

Be part of a member directed association that promotes, supports and advances oncology pharmacy practice
Enhance your career by increasing your network and knowledge

CAPHO is About:

Inclusivity and Accountability to Members

Pharmacists, technicians and pharmacy assistants involved in oncology pharmacy services working in any pharmacy setting

Quality

Excellence in the provision of safe and effective oncology pharmacy services to oncology patients in Canada

Collaboration and Engagement

With health care providers, patients and other organizations

Knowledge Advancement and Innovation

Professional development through mentorship, education and research

CAPHO hosts an annual oncology pharmacy conference and members receive a substantial discount on registration. Mark your calendars - the next CAPHO conference will be held in St. John's, Newfoundland in May 2015!

Learn more about CAPHO through their website www.capho.org or connect on Twitter @CAPHO_ACPHO and become a member today!



A DAY IN THE LIFE: CHERYL WEISS, RPH, APA CLINICAL PHARMACIST, PHARMACARE

Questions by YASIR IQBAL, University of Alberta

Hi Cheryl! First off, I'd like to learn about you experience as a pharmacist so far.

Well, I graduated in 2010 and found work as a new grad with Save-On-Foods. I then worked with G & E Pharmacy, which is veterinary and human pharmacy, before moving over to the Strathcona Prescription Centre, which is a compounding pharmacy. My work then led me to Pharmacare, which is where I am today!

What makes Pharmacare different from other pharmacies, like the ones you've been involved with?

Well it is completely different than the other pharmacies I have worked with. We have 2 retail locations and a Fulfillment Center in Edmonton, central Alberta and another in Calgary. We offer services to independent, Supportive Living and Long Term Care residents. At these sites, their Physician and other Health Care professionals visit them in the privacy of their own room.

So, what's your role in all of this?

I coordinate with the dispensary to ensure safe medication delivery. I provide Pharmacist support to other Health Care professionals and help manage the patients on-site.

I am proactively involved with drug related problems (DRPs) by working with the physician and assessing the patient together. I provide treatment recommendations and ensure drug therapies are appropriate even before they are prescribed. In layman's terms, it is largely a clinical pharmacist role.

What types of work do you do with patients every day?

I visit patients in their residences and complete medication reviews, care plans, answer their questions or concerns, screen for DRPs, and address their compliance, with the basic goals of optimizing patient care and enabling patients to achieve their own personal health goals. I ask questions like: what do they need to be on? What do they need to be off of? I have my APA, so I

will actively prescribe evidence based therapies and convey the assessments and documents to their physician so that they are informed of my intervention.

It sounds like you have a very interdisciplinary practice. What can you, as a pharmacist, provide to the other health care professionals, like physicians?

I am recognized for my drug expertise and will assess the patients simultaneously with the physician. I get to see the diagnosis being made in real time and I can then make recommendations in terms of treatment. For example, a physician will diagnose a patient with hypertension and determine that a blood pressure medication is needed. The question now is, which one? This is where I come in as a pharmacist.

How supportive would you say the other Health Care Professionals are in regards to a pharmacist being involved in patient care?

Extremely supportive! Some doctors and nurses even rearrange their schedule so we can work together. One of the physicians I work with actually identified a need for advanced pharmacy practice within her community clinic, and so I have adapted my role so that I now work as a Pharmacist with her one day a week in her community practice. The Health Care Professionals I work with are so wonderfully supportive of my practice, that they are a source of new opportunities and encourage me to take an active role in patient care.

Could you describe a typical Day in your Life at one of your sites?

In the morning, the first thing I do is meet with one of the physicians, and we review the relevant lab work for our patients. We then review their current medication therapy and discuss if we need to make any interventions based on the information that is provided by the staff and resident. The sites usually print off a list of who needs or wants to see the team today and their chief complaint. I review their MAR (Medication Administration Record), perform an assessment, create a plan and follow up.

What are the most challenging and rewarding parts of your job?

The most rewarding part is actually being able to discontinue unnecessary medications. Patients are so relieved and grateful when I tell them they don't have to take a medication anymore, and the doctors really appreciate us decreasing the patients' pill burden. Besides this, I enjoy the interdisciplinary work, and being able to follow up with patients regularly to see the results of my interventions.

The most challenging aspect would be trying to expand my knowledge and ensuring my recommendations are up to date with the most recent evidence. Guidelines and adverse effects are always being updated and you need to know about these changes so you can answer questions and ensure your interventions are safe.

What technology do you use when on site to support your practice? I'm curious because you aren't in a pharmacy with a computer system when you are there. How do you go about documenting and accessing dispensary information?

I utilize a 'tablet' which can log into a virtual private network (VPN) so I have access to all the information I need to make educated decisions about my patients. I can log into the patient profile in real-time and access information like dosing schedules for a bubble pack or refill frequency of narcotics. I also use NetCare regularly, so this also helps in assessing my patients or when on rounds.

I carry a business cell phone so other members of the healthcare team can reach me when needed.

Wow, that tablet and remote access is technology I have never seen before! How much of an advantage do you see it providing you on a daily basis?

It really allows me to truly focus on the clinical aspect of pharmacy. I spend almost no time doing dispensary related tasks, but I can see what was done through the remote access. When I do

log in remotely, I can see the clear documentation and plans from our dispensary team, so I can see what they were doing and why, and provide same day answers and solutions to onsite questions in an efficient manner. This quick access allows me to truly focus on the clinical aspects of pharmacy.

You said you have a business cell phone, so do you take calls? What do you do on call?

Yes, we do. I take calls from the dispensary, nurses, case managers, physicians, and families on a daily basis on my business cell phone during working hours. I also go "on call" once every 12-14 weeks. When we are 'on-call,' we offer 24/7 pharmacist support to the site. The dispensary will take most of those calls during the day, but after it is closed, they get redirected to us.

Once every 12-14 weeks...not bad. What will the site ask you?

A nurse may call asking about a new medication therapy or about a warfarin dose for example. They really appreciate the 24/7-pharmacist availability!

I can imagine it must be a relief to have the pharmacist be an on call option. So, if you are so involved clinically, how do these patients get their meds?

Medications are delivered to the site and come in a PacMed strip or blister pack. We also do dosettes or vials depending on what is best for the patient.

Now, for the question everyone will probably be waiting for! Would you describe yourself as a community pharmacist? What would you say to pharmacy students that believe you can't get a true clinical practice and interdisciplinary work without being in the hospital?

I haven't thought of a definition for my practice, because at Pharmacare we are constantly evolving and adapting to our expanded scope of practice and the needs of our patients. I don't think my practice fits into the traditional view of a pharmacist. I work in supportive liv-

ing sites, but I am not a hospital pharmacist. I would describe myself as a clinical pharmacist that goes mobile to serve the community as opposed to a retail pharmacist. For one day a week, I work in a physician clinic, so it depends on the day. This is an extended collaboration with one of the physicians that I work with at one of the Supportive Living sites. They really liked my work and asked me to join them at their office to provide similar services. I wear many hats...clinical pharmacist, prescriber, consultant, physician clinic pharmacist, staff educator, health promoter, as well as acting as a resource for families and patients. So I guess, yes, I am a community pharmacist – each day, my goals are to proactively optimize patient health, minimize medication-related hospital admissions, and to integrate health interventions into the patients daily activities. I had these same goals when working as a community retail pharmacist, but now I have more effective means to achieve them.

As for the second part; that's a common misconception. The roles do exist and you really have to find them out. Even as a retail pharmacist, you need to take advantages of those opportunities to help someone out when you get the chance.

I have never really heard of a pharmacy utilizing the expanded scope of practice and delivering clinical pharmacy services the way you do at Pharmacare. It seems very unique.

Yes, it's very innovative. Pharmacare really uses clinical services as a way to reach out and offer more services to patients. Most of the pharmacists on the clinical team have their APA, as well as other certifications, based on the team

member's interest. I found that Pharmacare is very supportive of team members receiving additional education, so each team member can practice at their best. The innovation comes from our mobile team of pharmacists and central dispensary which improves efficiency. They have invested in technology to streamline the dispensing process and reduce medication errors. They have machines that make blister packs and dispense medications. The amount of automation allows us to be more accurate and efficient. For me this is amazing, because it frees up my time to be with the patient, which in my opinion, is where we should be as pharmacists.

I couldn't agree more. I find many students say the trivial tasks in the dispensary and their obligations in it really hold them back from meaningful patient interactions. So you mentioned you also work within a community physician practice. What is it like having two different roles?

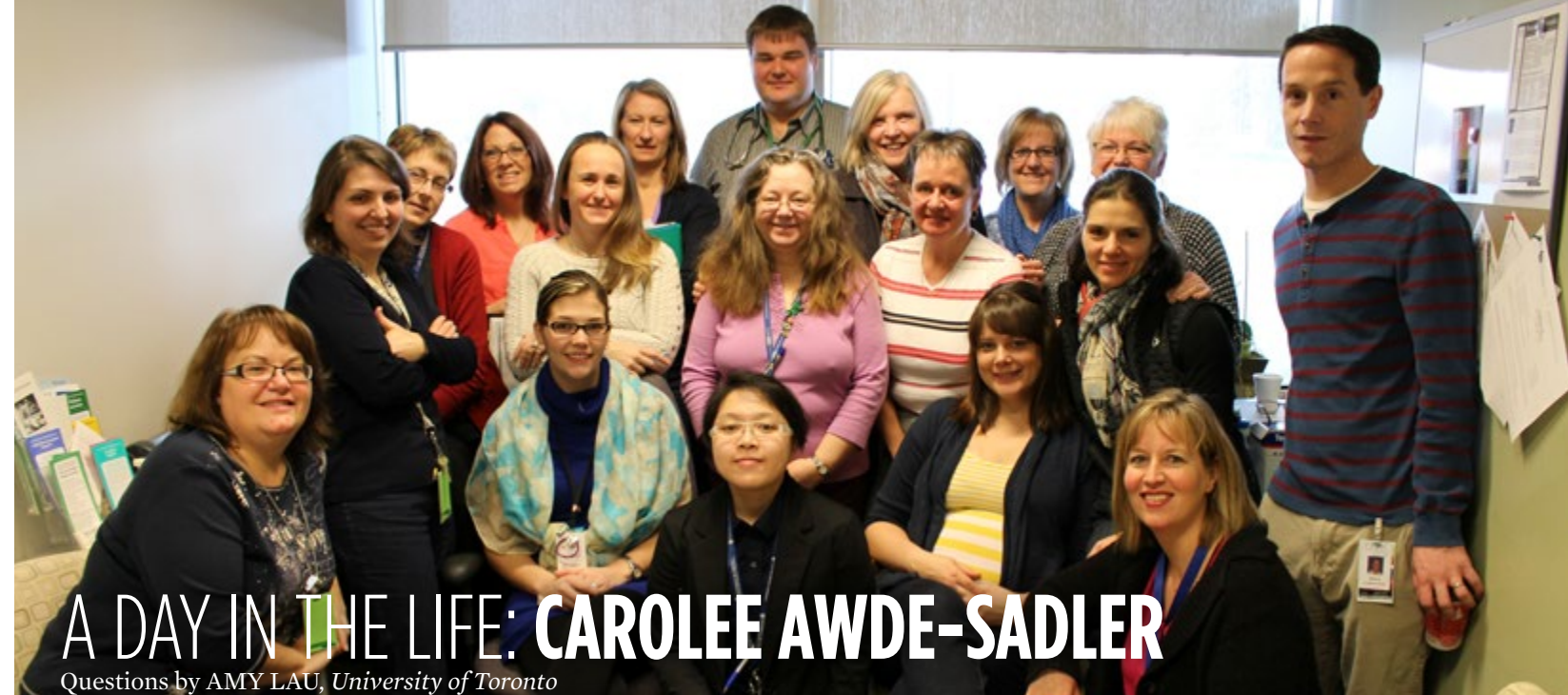
Pharmacare has been very supportive of my roles and the decision to work one day a week at the clinic. So when I got the offer from the physician, I brought it to Pharmacare and explained that I had this amazing opportunity, but I love my job and don't want to leave - can we work something out? Since they are innovative and are looking for better ways to serve the public, Pharmacare said yes and worked out all the logistics. It is a great advantage as I can still utilize the resources and technology that I use within the supportive living environment in the community clinic.

How do you go about documenting all those clinical services you provide every day? Many pharmacists and students find this to be quite a challenge?

I think it's best to document in the moment, as things are happening. I try to use the DAP format to prevent myself from rambling on. Most of my documentation is still done pen to paper because the sites I go to have paper charts, and electronic documentation wouldn't be accessible to other health care team members. Then, our administrative staff scans copies of my documentation and attaches it to the patient file in Kroll, so that it is accessible to the Pharmacy staff.

So you have people to handle your dispensary, bill your services, and scan your documentation. Well, isn't that the pharmacist's version of a five star hotel! To wrap up, what do you do outside of pharmacy?

I have two dogs, Seymour and Watson, who keep me very busy and entertained... as well as my husband. I try to keep active with my family; I do karate twice a week, and we are currently renovating an old and ugly house.



Questions by AMY LAU, University of Toronto

Carolee Awde-Sadler is a Consultant Pharmacist and Geriatric Assessor with the Geriatric Assessment and Intervention Network (GAIN) clinic at Peterborough Regional Health Centre (PRHC).

Please describe how you got to where you are today.

I graduated from the University of Toronto in 1979 and worked in community in my home town. I wanted to be more involved in health teaching, and saw hospital practice as a way to be a partner in patient care. 32 years ago an opportunity arose in the local hospital. I was privileged to be of the generation that could grow with the position. I pioneered clinical services at the hospital, developed a passion for and expertise in palliative care, was able to teach in the area, and then in 2000 moved into nephrology, again pioneering a full-time role for a pharmacist, to support the vision of the director of pharmacy.

What is GAIN and how did you get involved with it?

GAIN is a creation of the Central East LHIN to provide specialty senior care with a goal to keep frail seniors safely at home as long as possible and out of the Emergency room as much as possible. The four original hospital based clinics are now expanded to add 6 community teams. In Peterborough the community and clinic teams are blended. It is a multidisciplinary clinic led by nurse practitioners with geriatrician support. The team is composed of pharmacists, social workers, occupational therapists, physiotherapists, behaviour support nurses,

CCAC coordinators, PSWs, administrative support, and on some community teams speech language pathologists and dietitians. The clinics are only 4 years old (less than a year for the community teams). An opening arose in the PRHC clinic when the original pharmacist moved on, at a time when I felt ready for a change, 3 years ago.

What is a "typical" day for you?

Each day I will be the lead assessor for 2 clients, whose visits are 2-3 hours, performing a comprehensive assessment of function, cognition, and health, developing a care plan with the family, client and GAIN team, and ensuring appropriate community referrals are made to support the client at home. I respond to telephone calls (about cases I have been involved with, about medications, and general inquiries about our services). I ensure that a current DPV report is on each chart. I consult about medication management with the team on all clients, and do health teaching on request. Working with the UofT Pharm D students, I am developing formal written liaison with the community pharmacists to leverage monitoring of care plans and medication reconciliation at transitions of care. I have projects and committee work for the Regional program to tackle in my non-patient time.

Note: DPV is the Drug Profile Viewer, which allows healthcare professionals in Ontario hospitals to view medications billed to the Ontario Drug Benefit (ODB) program. Only medications billed to ODB will appear on the DPV. Information in-

cludes medication name, strength of tablet, amount, days supply, dispensing pharmacy, and physician.

What is the most important thing to you in your practice?

The most important part of the practice to me is the ability to focus on one client at a time from start to finish, to know that I have been able to do my best for the person and made a difference in a life. In my previous position I was responsible for 1000 renal patients and always felt that my work was being done both hastily and incompletely.

How else are you involved in the profession of pharmacy?

I have been a member of the Canadian Society of Hospital Pharmacists since my student days. I have been a presidential officer and national delegate, involved in several committees and task forces at both the provincial and national level. I am a past president of the Peterborough District Pharmacists Association.

What advice would you like to give to current pharmacy students?

Firstly, when you ask questions, listen to the answer. Being heard is therapeutic and the information you collect allows you to tailor your health teaching to be most meaningful and well received.

Secondly, be involved in pharmacy associations. Your voice can help shape the future of our profession. The more you learn about the health care climate, the more you can steer your career the way you want.

Pharmacare

Specialty Pharmacy Rx



IMPLEMENTING AN OSTEOPOROSIS AWARENESS CLINIC

By PARINITA VERMA, MUN

WE ARE PHARMACY STUDENTS transitioning to our role as future pharmacists! Knowing that pharmacists are one of the most accessible health care professionals in a community, how can pharmacy students advance the practice of pharmacy and help our patients become more knowledgeable about their health? One such way is to share knowledge on chronic disease identification and prevention. We are in the ideal setting to simplify health information, which may be overwhelming for the average patient. We can help identify at-risk patients and also recommend strategies to prevent or slow down the development of conditions.

During my experience as a pharmacy student, I have encountered patients with questions regarding maintenance of healthy bones with calcium and vitamin D supplements. Upon covering the topic in our therapeutics course, I became enthusiastic about developing a clinic focussing on the prevention of osteoporosis. Was I intimidated at first? Yes, I was! However, aware of the resources and support network around me, I was able to implement the clinic one-step at a time. Upon completion,

I was able to design a backboard and patient handout highlighting the definition of osteoporosis, prevention tips, common risk factors, everyday sources of calcium, and recommended daily intake of calcium and vitamin D, as well as resources to find further information. Dr. Justin Peddle, Assistant Professor at Memorial University's School of Pharmacy, and my preceptor, Ms. Nicole Goode, reviewed the materials prior to the presentation and provided wonderful suggestions.

Once a suitable date was discussed, we were able to promote the clinic using Facebook, pharmacy posters, and word-of-mouth. On the day of the clinic, the setup included the backboard, handouts, calcium and vitamin D supplements, calcium calculator accessed on osteoporosis.ca via laptop, and an interactive activity "Guess the number of Calcium Supplements in the Jar" for a chance to win a prize! This set-up gave me an opportunity to engage many of our patients and gave them a chance to ask questions. One thing I realized through the patient interactions was that most patients were quite open with sharing personal stories regarding their own bone condi-

tion and supplementation. Patients really appreciated the time taken to help educate them about simple prevention strategies. The staff pharmacists were also very helpful as they were available to answer questions that were out of my scope as a pharmacy student.

This initiative, which seemed insurmountable at the start, turned out to be very rewarding. A few weeks later, the clinic was held at another community pharmacy and handouts were shared with pharmacies across the province! The information was also shared with Indigena Skin Care's blog, a local enterprise which focuses on healthy skin and healthy living as well as Moksha Yoga in downtown St. Johns, Newfoundland.

This process has shown me the value of pharmacy students engaging in activities targeting community health. Pharmacy practice is expanding and by using our skills, knowledge, and collaboration with other health care professionals, I encourage all students to participate and offer screening, monitoring, and management services for our patients.

MEDICATION REVIEWS AND THEIR IMPACT ON ME AS A PHARMACY STUDENT

By IQSHVAKU MISHRA, MUN

THIS PAST SUMMER was my final summer working as a pharmacy student, as now that I am in my final year, next summer will open up a whole new role for me to explore in my pharmacy career. With the role of a community pharmacist come many other responsibilities, and a pharmacist's day can become a juggling act trying to wear multiple hats. Keeping this in mind, I knew that this past summer would be an opportune time to utilize the skills I have acquired and perform Medication Reviews with patients. Many pharmacists and students would say that counseling and recommending products is the best part of the job of a community pharmacist, as it allows one to meet and talk to patients. However, imagine if this few-minute conversation increased ten-fold. This, in essence, is the Medication Review.

Originally, when I became involved with patient Med Reviews, the government only reimbursed pharmacists for patients who were Newfoundland and Labrador Prescription Drug Program beneficiaries aged 65+ who were on oral antidiabetic medications. Although that did limit my selection of patients, it was not difficult to find patients as we are a high-volume pharmacy and my manager was always looking to help me find ways in which I could use my aptitude to aid our patients. Since then, the scope of patients who are eligible for reimbursable Med Reviews has broadened to include those on three or more chronic medications, allowing me to meet many more of my patients. In addition to this, our pharmacy organized clinic days dedicated to Med Reviews, where patients of any third-party insurance plan, or

no insurance at all, could sit down with myself to review their prescription and non-prescription products.

Since May, I have completed 20 Med Reviews, and each time I can honestly say it is the single most rewarding experience I have had as a pharmacy student. The benefit we can provide to patients is no secret, even to those students who have not had the privilege to carry out Med Reviews. I have met one patient who took his hydrochlorothiazide in the evening and said he was up at night using the washroom. I have encouraged one patient to resume her Spiriva therapy for her COPD which, interestingly enough, she noticed has been getting worse since she discontinued it of her own volition as she was not aware of its benefits. More recently, I have also had the opportunity to review the profile of a lady currently taking 17 medications with various conditions such as congestive heart failure, atrial fibrillation, chronic active hepatitis, and corticosteroid-induced diabetes from long-term prednisone for the hepatitis, and assisted her in scheduling her doses and setting up reminders to improve adherence. These are just a few interactions that have been very meaningful for the patients involved as well as me as a pharmacy student.

Being able to take the time from the dispensary setting to sit down with my patients has allowed me to connect with them and learn about who they are and their daily lives beyond their Kroll profile. Being a part-time student, I know only a limited number of patients by name, and only a few patients know me

by name as well. However, aside from learning of the usual medications, conditions, lifestyle, and diet, for example, Med Reviews also afford me the occasion to hear some stories about my patients' lives at home, and at times meet their loved ones who may make the trip to the pharmacy with them. Often times I share stories about my life and family as well, and this strengthens the connection that develops with my patients. Many questions arise during the sessions, as once the ice is broken, patients are more comfortable discussing their personal life. If I am unable to answer a question, the staff pharmacists are always very supportive with their knowledge, as well as the resources in the pharmacy which prove invaluable to help formulate a response. This practice of evidence-based medicine gives me avenues to apply critical thinking and put into effect continuous learning, all skills which are imperative for a pharmacist.

Returning to the lady who stopped her Spiriva, her daughter came in a few months after our meeting and told me her mother's COPD seemed more controlled since resuming her Spiriva, and that she was thankful to have taken my counsel on resuming the therapy and booking an appointment with the respirologist. From interactions and outcomes such as this one, I realize that the appreciation shown by patients for sharing your knowledge with them provides me an intrinsic reward of great magnitude, and it is the biggest reason why I love going to work each day. Although the knowledge I gain in school is required for being a pharmacist, I think a major reason that I appreciate school is that each piece of information I learn in some way will directly benefit a patient in the future, and that drives me to study harder so I can improve the quality of patient care I provide. Above all else, Medication Reviews show me that not only does this field positively improve my patient's life, but also mine as a pharmacy student, and future pharmacist.

CAM CORNER: NATURAL HEALTH PRODUCTS IN OSTEOARTHRITIS

By MORGAN BASIUK, *University of Alberta*

READER'S DIGEST

- A Canadian survey done in 2012 found that Natural Health Products (NHPs) ranked 2nd in terms of yearly sales (393 million dollars)¹
- Approximately 73% of Canadians have tried an NHP and use is even higher in Alberta at 82%²
- Incidence of NHP use is higher with increasing levels of education and income, in women and people aged 35 to 54 years²
- A survey of >1000 patients in pharmacies determined 59% of patients use NHPs with prescription medications³
- In general, there is only weak evidence for the use of NHPs in osteoarthritis (OA); the evidence that is available is limited by heterogeneity, bias, small sample size, lack of allocation concealment, industry funding and at times lack of blinding and intention-to-treat analysis
- NHPs have not been studied in the combinations that are available OTC making it difficult to extrapolate
- It is important to note that while their efficacy may be limited, most (not all!) have few adverse effects

RESEARCH SPOTLIGHT

Glucosamine:

- Multiple meta-analyses indicate that glucosamine does not reliably improve pain or function in osteoarthritis⁴
- Some statistically significant pain results but not necessarily clinically significant⁴
- Variable results about improvement in function⁴
- No adverse effects – however, don’t use if shellfish allergy^{4,5}
- Limitations: industry funding and less effect in studies with longer duration or higher quality⁴
- Products may vary from 41-138% of their labeled content⁶

Chondroitin:

- A systematic review of 10 RCTs indicate that chondroitin appears ineffective for reducing pain in patients with osteoarthritis of hip or knee⁷
- Clinically important pain difference = -0.9 cm on 10 cm visual analog scale (VAS)⁷
- -0.3 cm (95% CI -0.7 to 0 cm) with chondroitin⁷
- No significant differences between chondroitin vs. placebo in adverse events⁷
- Limitations: high dropout rate and unclear allocation concealment⁷
- Effects on function and quality of life inconsistent⁵

Combination glucosamine + chondroitin:

- The GAIT Trial (RCT) indicated a possible benefit with combination in patients with moderate-to-severe pain⁸
- 20.5% dropout rate⁸
- Primary outcome = 20% improvement in WOMAC pain severity at 24 weeks⁸
- Combination was more effective vs. placebo (79.2% vs. 54.3%, p = 0.002, NNT 4)⁸

REFERENCES

1) Wood, V. (2012, April 1). OTC Market Report 2012: Introduction. Retrieved from <http://www.canadianhealthcarenetwork.ca/pharmacists/clinical/otc/otc-market-report-2012-introduction-16126>

2) Natural Health Product Tracking Survey – 2010 Final Report Prepared for: Health Canada. (2011, January 13). Retrieved from <http://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/health/2011/135-09/report.pdf>

3) Necyk, C et al. (2014). Pharmacy study of natural health product adverse reactions (SONAR): A cross-sectional study using active surveillance in community pharmacies to detect adverse events associated with natural health products and assess causality. *BMJ Open*, (4), 1-9.

4) Haley, K., & Allan, M. (2014). Does glucosamine improve pain and function in osteoarthritis? *Tools for Practice*.

5) DynaMed [Internet]. Ipswich (MA): EBSCO Information Services. 1995 – 2014. Degenerative joint disease of the knee; [updated 2014 Nov 25; cited 2014 Nov 26]. Available from: <http://web.a.ebscohost.com/dynamed/>

6) Russell, A et al. (2002). Active ingredient consistency of commercially available glucosamine sulfate products. *J Rheumatol*, (11), 2407-9.

7) Wandel, S et al. (2010). Effects of glucosamine, chondroitin, or placebo in patients with osteoarthritis of hip or knee: network meta-analysis. *BMJ*, 1-9.

8) Clegg, D et al. (2006). Glucosamine, chondroitin sulfate, and the two in combination for painful knee osteoarthritis. *N Engl J Med*, 354(8), 795-808.

9) Cameron, M et al. (2014). Oral herbal therapies for treating osteoarthritis. *Cochrane Database Syst Rev*, (5).

Other NHPs:

Cochrane review of 49 RCTs⁹ indicated that the following may reduce pain or improve function in OA

- Avocado-soyabean unsaponifiables
- *Boswellia serrata*
- *Pinus pinaster*

Systematic review of 56 RCTs¹⁰ indicates that treatments with at least some consistent evidence of efficacy are

- Capsaicin gel
- S-adenosylmethionine (SAME)
- *Boswellia serrata*
- Methylsulphonylmethane (MSM)
- Rose hip

Systematic review of 53 RCTs¹¹ indicates there is

- Good evidence for avocado/soybean unsaponifiables
- Moderate evidence for methylsulfonylmethane (MSM)
- Moderate evidence for SKI306X (cocktail of plant extracts)

NHPs to Avoid:

Zingiber officinale + *Alpinia galanga* vs. placebo⁹

- Significantly decreased pain⁹
- Increased adverse events⁹

Salix purpurea + *Salix daphnoides* vs. diclofenac⁹

- Significantly increased pain⁹

Japanese Boiogito + loxoprofen (NSAID not in Canada) vs. Ioxoprofen⁹

- Significantly reduced functional capacity⁹

FOR YOUR PATIENTS

- Take into account patient specific factors when assessing NHP use in OA:
 - ✓ What is their degree of pain or loss of function?
 - ✓ What has worked for them in the past? (conventional or NHPs)
 - ✓ Can they afford these products? (approx. \$30 per 3 months)
 - ✓ What has been their experience with medications?
 - ✓ What are their beliefs about medication?
- Try conventional treatments as per guidelines¹² first
- NHP use is high in Alberta (approx. 80%)² so just saying “don’t use this” isn’t enough
- Is there evidence for efficacy?
- Is it safe for the patient? medication interactions? risk of adverse effects or allergy?
- Is the product of high quality? Look for NPN or DIN-HM13 and subscribe to MedEffect™ at www.healthcanada.gc.ca/medeffect¹⁴

10) De Silva, V et al. (2011). Evidence for the efficacy of complementary and alternative medicines in the management of osteoarthritis: a systematic review. *Rheumatology (Oxford)*, 50(5), 911-20.

11) Ameye, L., Chee, W. (2006). Osteoarthritis and nutrition. From nutraceuticals to functional foods: a systematic review of the scientific evidence. *Arthritis Res Ther*, 8(4), 127.

12) Hochberg, M et al. (2012). Recommendations for the Use of Non-pharmacologic and Pharmacologic Therapies in Osteoarthritis of the Hand, Hip, and Knee. *Amergican College of Rheumatology*, 64(4), 465-474.

13) Licensed Natural Health Products Database. (2013). Health Canada. Retrieved from <http://www.hc-sc.gc.ca/dhp-mps/prodnatur/applications/licen-prod/lnhpd-bdpsnh-eng.php>

14) Stay Informed - MedEffect Canada. Health Canada. Retrieved from www.healthcanada.gc.ca/medeffect

15) A patient's guide to choosing unconventional therapies. (1998). Canadian Cancer Society – Ontario Division. *CMAJ*. 158(9), 1161-1161.

16) An introduction to complementary and alternative therapies. (2010). The Arthritis Society. Retrieved from <http://www.arthritis.ca/document.doc?id=323>

17) Marsh, S. (2014). Complementary and Alternative Medicine (CAM). Pharm 467. Lecture conducted from University of Alberta, Edmonton.

18) Osteoarthritis in Peripheral Joints – Diagnosis and Treatment. (2008). BC Guidelines. Retrieved from <http://www.bcguidelines.ca/pdf/oa.pdf>

19) Talking about Complementary and Alternative Medicine with Health Care Providers: A Workbook and Tips. National Institutes of Health. Retrieved from http://cam.cancer.gov/attachments/workbook/talking_about_cam_workbook.pdf

20) Time to Talk. National Center for Complementary and Alternative Medicine (NCCAM). Retrieved from <http://nccam.nih.gov/timetotalk>

CPhA RESTRUCTURES: WHAT DOES THIS MEAN FOR YOU?

In 2014, the Canadian Pharmacists Association (CPhA) underwent a significant restructuring process that dramatically changed the way in which your national association represents pharmacists' interests. Rather than an association of individual pharmacists, the membership of CPhA now includes all 10 provincial pharmacy associations, along with the Association of Faculties of Pharmacy Canada. CAPSI has also joined as an Organizational Affiliate. Individual pharmacists who belong to any of these member organizations, including CAPSI, are now considered Associate members of CPhA.

For many individual pharmacists, including pharmacy students, the logical question that comes to mind is, "What does a restructured CPhA mean for me and the future of my profession?" This is certainly a fair question, and one that has occupied much of CPhA's thinking over the past few years. A few of the benefits of CPhA's restructuring include the following:

- A stronger, more coordinated voice for pharmacy: Because provincial pharmacy associations are now members of CPhA, there is a greater opportunity for pharmacy to speak with one national, collaborative voice. This means that on issues of interest from a pan-Canadian perspective, CPhA and its members can prevent fragmentation and ensure pharmacy speaks with one clear, consistent, strong voice.
- A greater opportunity to enhance the image and reputation of pharmacy: Public opinion polls demonstrate that pharmacists have historically enjoyed high trust levels amongst Canadians. However, many Canadians are still unaware of the services that pharmacists can deliver in their respective province. Under the new structure, CPhA will be able to work more closely with provincial associations to increase the already high trust that Canadians hold in pharmacists, and will be able to organize more proactive initiatives to communicate to Canadians the role that pharmacists play in the delivery of health care.
- A stronger advocacy role: Restructuring has also meant additional resources are being directed to CPhA's advocacy function. This greater capacity will not only permit more seamless coordination between the national and provincial pharmacy bodies, but it will permit the pursuit of additional policy changes and objectives, such as increasing access to medication and medication-related services, enhancing medication safety, and increasing uptake of innovation and technology.
- Greater collaboration within pharmacy to address policy and research gaps: With greater communication and collaboration between CPhA and its Member Organizations, pharmacy will be in a better position to identify profession-wide gaps in policy and research, and put in place measures designed to address those gaps. This will provide greater coordination and efficiencies between the national and provincial associations in order to tackle profession-wide concerns.

It is clear that it will take some time for the "new CPhA" to adjust to the model, and that there will be a learning curve. However, we are confident that this new model will better position the pharmacy profession and its members to speak more authoritatively, more confidently and with more coordination than before. Given the evolving nature of the pharmacy profession and the many challenges confronting it as it moves more fully towards a patient-centred model, the time for a stronger national voice is now.

In the meantime, tell us what you think! Let us know your thoughts about CPhA's new structure, and what you would like to see from your national association – email us, call us, or message us on social media. As the future of the profession, CPhA is always interested in hearing the voices of pharmacy students!

Canadian Pharmacists Association
members@pharmacists.ca | 1-800-917-9489
facebook.com/CPhA | @CPhAAPhC

GRADUATION IS JUST THE BEGINNING



Congratulations Class of 2015!

We wish you all the best as you start your new career, and we look forward to working with you to advance the health and well-being of Canadians through excellence in pharmacist care.

Advance your profession by joining your provincial pharmacist association.

www.pharmacists.ca

PHARMACIST AWARENESS MONTH

UNIVERSITY OF SASKATCHEWAN

MARCH WAS AN extremely busy and fun-filled month within the College of Pharmacy and Nutrition at the University of Saskatchewan! We kicked off PAM on March 2nd with a ribbon cutting ceremony in the public atrium of the Health Sciences Building. Over 100 people, both students and faculty, came to kick-off PAM with us and listened to an address from CAPSI and the Dean of our college! After a great start to PAM, everyone was excited for the planned month of activities.

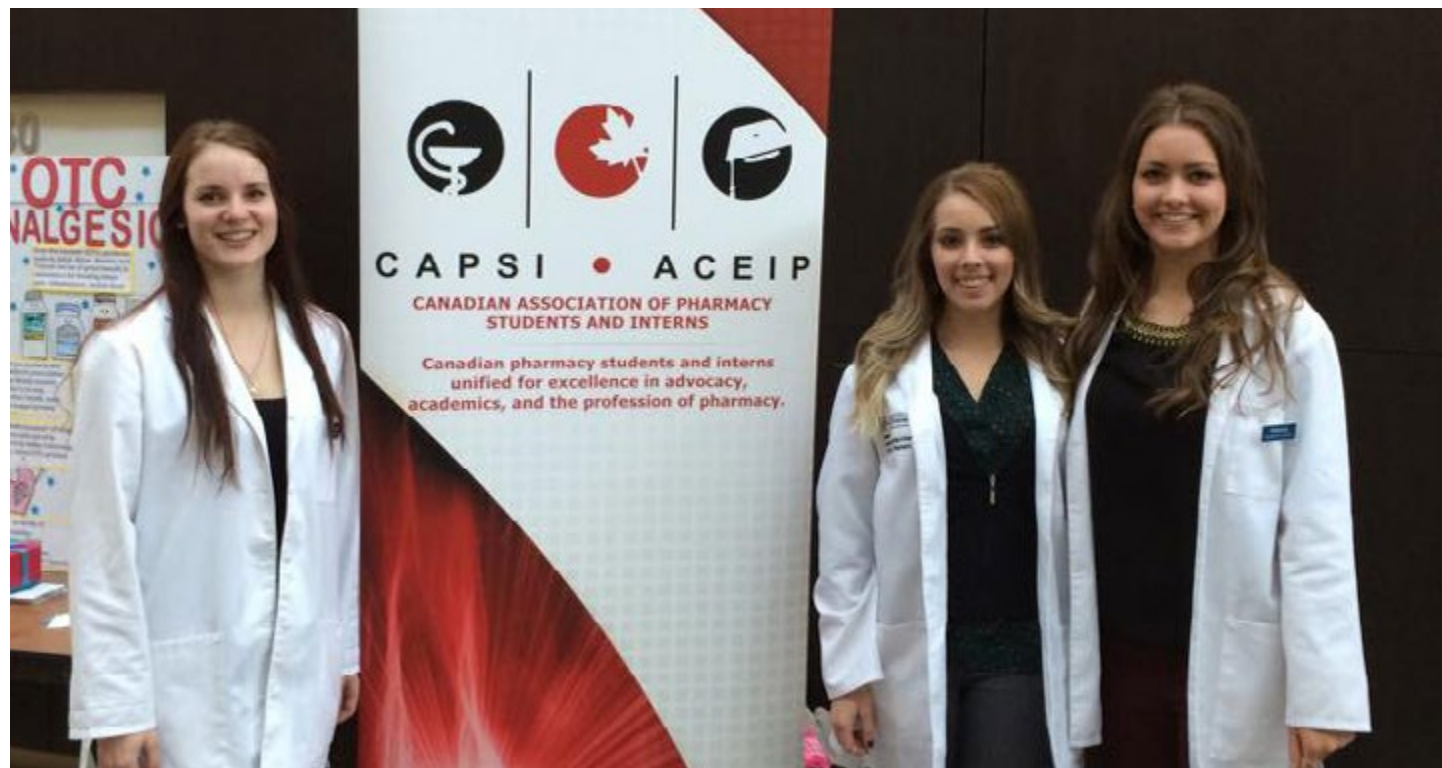
A highlight of the month was Mentorship Night, where CAPSI partnered with the Dietitians of Canada student liaisons in our college and hosted an interprofessional event. Students rotated, “speed-date” style, between pharmacist and dietitian mentors to learn about the different paths that are available after graduation. The pharmacy students enjoyed being able to network with pharmacists while also being able to socialize with their nutrition colleagues. The only feedback we received from students this year was to “make the event longer!”

In the middle of the month we hosted our annual Mr. Pharmacy Pageant. Seven of our college’s handsome males strutted their stuff and showed off their talents to an audience of ~300 people to compete for the title of Mr. Pharmacy 2015. The contestants far exceeded our expectations and entertained the audience while also raising money for the Juvenile Diabetes Research Foundation. Due to our partnership with Scotiabank, all donations received that night were matched, allowing us to present JDRF with a cheque of \$8600! Congratulations to Stefano Barillaro on being crowned Mr. Pharmacy 2015 and thank you to everyone who donated to JDRF!

Two new initiatives this year for USask CAPSI were the PAM buttons and the whiteboard campaign that took place at our Community Outreach booths. The four different designs of PAM buttons were sold at various PAM events throughout the month and these were an absolute hit! Not only did pharmacy students buy them for themselves and their family members, but also fac-

ulty, staff and other university students were buying them and sporting them on their backpacks! The whiteboard campaign occurred throughout March and students wrote their answer to the question, “What does your pharmacist mean to you?” on a whiteboard and got their pictures taken. All month it was great to see students using these photos as their display pictures on Facebook. Anyone that was friends with them on Facebook knew it was Pharmacist Awareness Month!

Looking back on PAM, we couldn’t be more proud of the campaign our students organized and participated in! USask students presented themselves professionally all month and raised awareness about pharmacists and their important role in the community! Congratulations to all the other pharmacy schools on their successes this month! We are already looking forward to PAM 2016!



PHARMACIST AWARENESS MONTH

UNIVERSITY OF TORONTO



PHARMACY AWARENESS MONTH was an exciting time here at the University of Toronto. We have a very large faculty with participation from various clubs affiliated with the pharmacy program. Our student run club SOAPE (Students for Optimizing and Advocating Pharmacy Endeavours) held Expanded Scope Awareness booths at various locations around campus and nearby hospitals. Over there, they were able to teach students and professionals alike about the importance of skin care and diabetes among other things.

CAPSI held our annual Mr. Pharmacy pageant where we named Mr. Mohamed El-Salfiti as our winner. We are excited to see him go onto compete at the national level next year at PDW 2016. We also tried something new this year with the introduction of the National EBP competition. It was well received and

a lot of fun for the participants. A huge well-deserved congratulation goes out to Moataz Daoud, Anish Krishnan, Jessica Sawyer and Samier Kamar. We also held an interprofessional presentation where we had several professionals provide insight on patient specific cases and how a pharmacist can work together with doctors, nurses, physiotherapists and social workers to optimize patient care. Finally, IPSF hosted their Blue Breakfast event towards on the last day of the month! They provided students with a healthy and nutritious breakfast including some hearty whole-wheat pancakes to raise money and awareness for the Juvenile Diabetes Research Fund.

We ended things with a bang thanks to our Pharmacy for Cancer Awareness group! They had an entire week planned with a great social media challenge and a hair-cutting event! Every day, students



were to take a picture with a coloured ribbon that represented a specific type of cancer. This challenge was very well received and brought light and awareness to many different types of cancer. For their Hair-Phair event, both men and women alike were encouraged to participate. The boys opted for waxing (legs, armpits, etc), whereas the girls chopped off their hair and donated it. It was an inspiring event and it was nice to see how we as pharmacy students can make such a big difference in our community!

Pharmacy Awareness Month was full of educational Lunch and Learns hosted by the Undergraduate Pharmacy Society, and to top it all off, we had our very own drug fair! There was never a dull moment at UofT! We can't wait for next year's PAM and we will try to make it even bigger and better!



PHARMACIST AWARENESS MONTH

UNIVERSITY OF WATERLOO

THERE'S SOMETHING INTENSELY attractive about the men of Waterloo Pharmacy strutting their stuff on the runway in perfectly tailored suits, eating bananas on-stage and performing a synchronized can-can. We kicked off this year's PAM with an explosive Mr. Pharmacy Pageant, which featured special guest appearances from Left Shark, Nick Jonas and Britney Spears who turned up the heat with their talents!

Next, students enjoyed some free breakfast at our Breakfast Wish Tree and wrote their dreams for the profession on colourful leaves for our tree which was put on display throughout the month.

Student leadership, diabetes management, along with opioid addiction and SafeTALK, were just some of the educational topics we covered. This year, we hosted a trivia game night and got many first years involved in some friendly inter-class competition.

UW CAPSI made appearances on two television talk shows, a radio interview and published an article our school

newspaper to promote the importance of getting to know your pharmacist and the variety of services we offer to patients.

Entering in UW's CanBuild competition for the first time this year, we built a mock dispensary out of over 500 cans, called the "Beyond the Counter" initiative, and donated the food to our local food bank to help end community hunger.

We enjoyed seeing the enthusiasm of elementary schools who were receptive to our Kids & Medicine and Operation Washup presentations. We also set up a booth at the local mall and educated shoppers on the services available to them from their pharmacist.

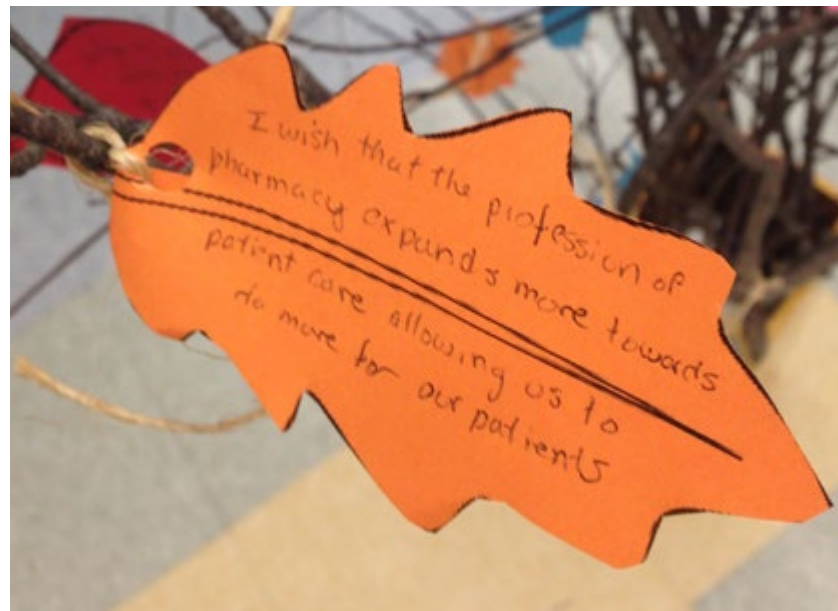
During the last week of PAM, we took over Facebook and Twitter with our Social Media Challenge to generate talk on how pharmacists have been involved with PAM and how we can continue to raise awareness of our evolving role in healthcare. What a great month we've had!



PHARMACIST AWARENESS MONTH

MEMORIAL UNIVERSITY OF NEWFOUNDLAND

PHARMACIST AWARENESS MONTH 2015 at MUN was an exciting month! We started out the month with our first ever Breakfast Wish Tree and a bake sale which was a huge success. PAM organizers and volunteers planned community outreach events such as cooking supper at Ronald McDonald House, Exercise is Medicine presentations at local seniors homes, blood pressure monitoring clinics at Kenmount Bingo and the Public Pill Drop. We were also able to present to over 1500 students at local schools to educate students about smoking, drug abuse, the expanding scope of pharmacy practice and the importance of hand washing. Local Brownie and Spark groups came to our Professional Practice Lab to compound lip-gloss and we created a Fun with Science program for a group of preschoolers at the Military Family Resource Centre. On top of that, we reached out to other MUN students by hosting the Pharmacy Phair at the University Centre and had a hot chocolate give away for Medicine and Nursing students. Pharmacy students participated in educational events such as the MUN School of Pharmacy Research Day and the Shoppers Lunch and Learn to learn about different opportunities within the profession of pharmacy. The month ended with an exciting evening of mock-mock OSCEs, a spelling bee and talent show before we crowned Mr. Pharmacy 2015 while raising money for our local Guy Genest Passion for Pharmacy scholarship fund. With dedicated and passionate student volunteers, we were able to have a successful month at MUN!



UNIVERSITY OF SASKATCHEWAN SHOWCASE



WELCOME TO THE PRAIRIES! USask CAPSI is excited to share what we have been up to this past year!

To start off the school year, our local CAPSI council promoted the benefits of being a CAPSI member to our new first year students. We were excited to welcome 66 new CAPSI members, consisting of first years and other interested students.

In October, our college of Pharmacy and Nutrition ran in the annual CIBC Run for the Cure. As a new initiative this year, CAPSI organized a steak night with all proceeds going towards our team fundraising goal. In combination with our individual fundraising initiatives, our team of 50 students raised \$5600 for breast cancer! Our team was also recognized as the top post secondary team in Saskatoon! Great job everyone!

October was also the start of PDW planning! Our CAPSI Sr/Jr hosted in-

formation sessions about PDW and organized students in preparation for the conference in January. We held our local CAPSI competitions and these were a huge hit! We had maximum participation in all of our competitions and students were excited and eager to take advantage of this learning opportunity to potentially earn a spot (and money) to PDW.

In November, USask CAPSI hosted a new initiative, Antibiotic Awareness Week. During this week, facts about antibiotics were displayed on all of the promotional TV screens across campus. This initiative was a suggestion from one of our faculty members and was well received by our students. We are looking forward to continuing with this initiative next year!

Our local IPSF reps did a great job this year! In the fall they promoted the IPSF World Congress and SEP initiatives. Students who attended World Congress in Portugal and participated in an exchange in Spain were able to share their experiences and answer questions from interested students. In November, we held our IPSF Diabetes Awareness Week. Throughout the week, our IPSF representatives promoted diabetes through social media with their "Go Blue for Breakfast" campaign and they also welcomed a Certified Diabetes

Educator to talk to students about the "5 Ways Pharmacists Can Make a Difference in Diabetes Care." This week was great at raising awareness about diabetes and how pharmacists play a role in this type of care.

Before we knew it, January was here and PDW was in full swing! USask had 55 students make the trip to beautiful Quebec City. Our students enjoyed exploring the city and interacting with other pharmacy students from across the country. One of our favourite moments of the conference was watching our own, Darren Bogle, compete in the first ever, national Mr. Pharmacy competition. We were very proud of our student's accomplishments at PDW including 1st place for the IPSF Health Campaign on AIDS Awareness, 3rd place in the national compounding competition and 3rd place in the student literary competition. Great job everyone!

After PDW, our PAM planning began. We started organizing our month of events and made a call out for student volunteers. We had an overwhelming response of 90 students who wanted to help with PAM! This was the primary reason why USask CAPSI was able to plan the most successful PAM campaign to date! Check out the write-up on USask PAM to see a more detailed description of our month of events!





Consumer Healthcare

Advil



Advil
Cold & Sinus

Robax

Children's
Advil

