



Fall 2005

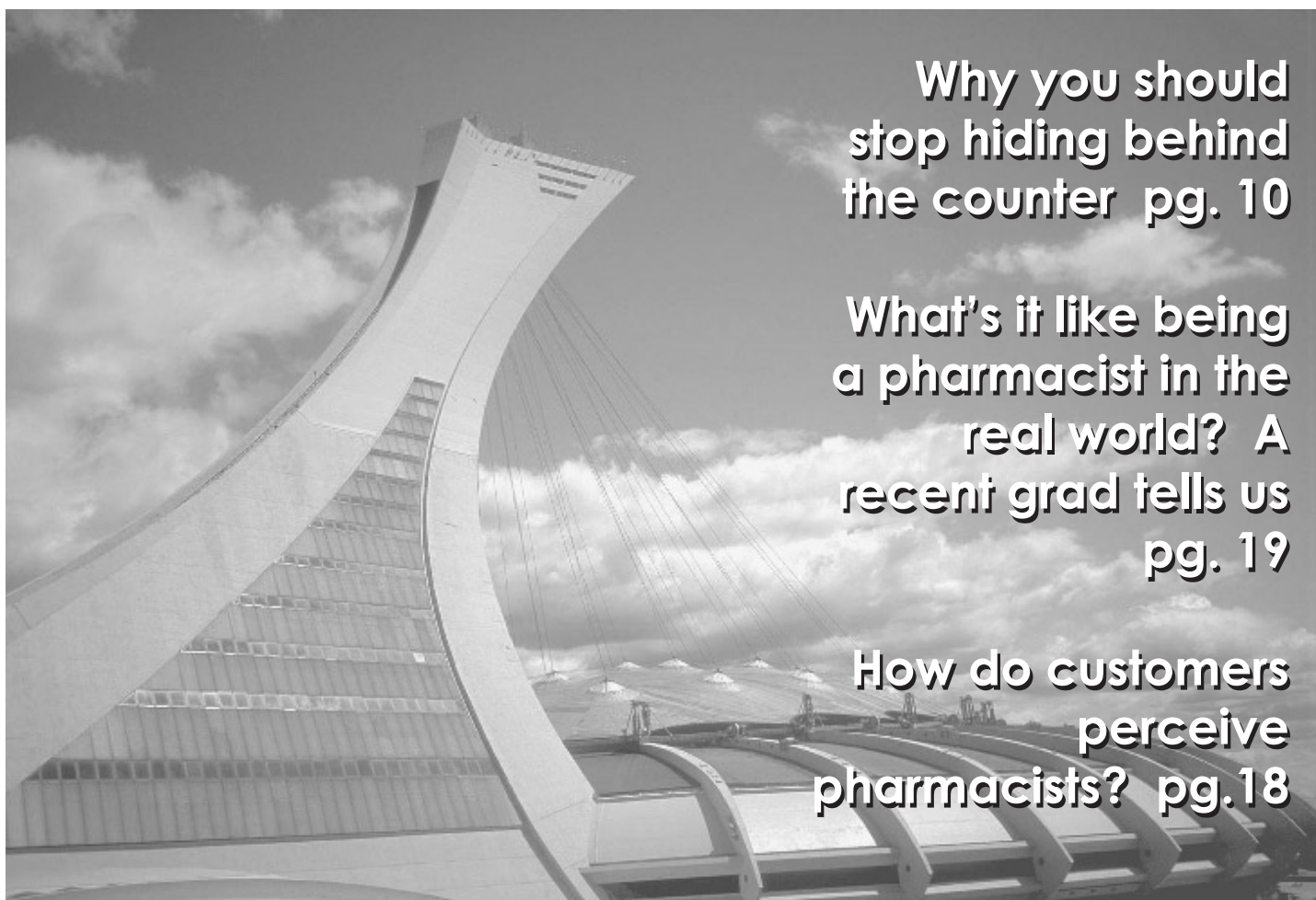
THE CANADIAN JOURNAL OF PHARMACY STUDENTS AND INTERNS

CAPSIL JACEIP

LE JOURNAL DE L'ASSOCIATION CANADIENNE DES ÉTUDIANTS ET DES
INTERNES EN PHARMACIE

Pharmacy: An Olympic Challenge!

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Message from the Editor

CAPSIL

is published by the Canadian Association of Pharmacy Students and Interns as a service for its members.

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

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Please contact your local CAPSIL reps for more information about CAPSIL and how to contribute.

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The Rebirth of CAPSIL

Welcome to the first issue of CAPSIL for the year 2005-2006! This is a very exciting year for CAPSIL for two reasons:

1) For most of you, this is the first issue of CAPSIL that you have ever physically touched. Due to financial difficulties in the past, the CAPSIL (an acronym for the Canadian Association of Pharmacy Students and Interns Letters, and, not to mention, the delicious pun:...capsule...capsil...) hasn't been mass produced since 2000 and has only been offered online. This year, however, I am very happy to announce that CAPSI is in a safe financial status and has returned to investing in the very important medium of the newsletter. (Yay!)

2) This is the first year that CAPSI has CAPSIL representatives from each of the nine pharmacy schools. This means more information about what goes on at other schools, informative articles about the concerns facing pharmacy students and a stronger sense of community between CAPSI members across Canada. This doesn't mean that non-staff members can't contribute to CAPSIL. On the contrary, we hope to hear more from you than ever before. Not only will I be hasseling you in written form, but your CAPSIL reps should be making their rounds too to encourage you all to write. And why shouldn't you? The CAPSIL is made for the students and should reflect the opinions of the students. It is a fantastic medium for you to share your ideas and concerns. **In addition to this, for every article you submit, you are entered in a draw to win \$75 at the end of the year.** There is also going to be a Contest or Call for Submission every issue for you to voice your thoughts and win \$25 (see page 13 in this issue). But we know you're not in it for the money.

In this issue, the staff at CAPSIL has put together some great articles for you to read about. We have editorials about the pharmacy shortage in Canada, the increased number of applications to pharmacy schools, why pharmacists should stop hiding and what is to be done about the stigma surrounding pharmacy students in medicine and dentistry. Read about what pharmacy is like in different provinces in Canada (from the faculty profiles from pages 4-12) and also in different countries. There's also lots of information about CAPSI initiatives and ways for you to get involved. Also, check online at www.capsi.ca for both French and English versions of CAPSIL.

So enjoy the issue, share it, get involved and email me your articles soon!

Submission for the Winter Issue due DEC. 16, 05

Cynthia Lui
CAPSIL Editor
2nd Year, University of Manitoba

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CAPSI National Council

The Canadian Association of Pharmacy Students and Interns (CAPSI) or L'Association Canadienne des Étudiants et Internes en Pharmacie (ACEIP) is an association of pharmacy students, pharmacy interns, undergraduate pharmaceutical organizations, and other individuals sharing the interests of pharmacy students and interns.

The Association was developed to promote and represent the interests of Canadian pharmacy students before organized bodies in pharmacy, other professions, government, industry, hospital and the community.

CAPSI also serves to prepare them as professionals ready and willing to provide the best health care possible within pharmacy's realm of expertise, and to enhance the profession of pharmacy by providing guidance and information to all members.

Our mission is to provide CAPSI members with opportunities to strengthen their commitment to professionalism.

For more information about CAPSI visit: www.capsi.ca

Meet your council for 2005-2006!



CAPSI Council has already been hard at work!
Photos from CPhA Conference in May 2005 taken by Bruce Liao and Jamil Ramji

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National President-Elect: Mattias Berg
National Past-President: Carey Lai

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VP Interdisciplinary Affairs: Dominique Boivin

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Dalhousie University:
Rachel Leblanc (Sr.) & Colleen Johnston (Jr.)
Memorial University:
Sheldon Bain (Sr.) & Fauz Malik (Jr.)



FACULTY PROFILE:

Name of Faculty: Faculty of Pharmaceutical Sciences, University of British Columbia

Number of students accepted per year: 152 for September 2005

Entrance requirements: Admission average of at least 65% and a PCAT composite score of at least 65% are considered for admission. At least 200 applicants are selected for interview. The average grades of those admitted in 2005 was 78%, while the average PCAT composite score was 89%.

Minimum number of years to graduate: 1 year pre-pharmacy, 4 years in the faculty of pharmacy

Average annual tuition fee: \$7000

Male to female ratio: 1: 1.86

Hospital Rotation: 4 weeks during 4th year pharmacy (hospital, jail, or long term care facility)

Community Rotation: 4 weeks in the summer after 2nd year, 4 weeks in the summer after 3rd year, 8 weeks during 4th year

Most well-known professor and why: Dr. James McCormack for his evidence-based learning lectures and his philosophy that a quarter of a tablet is sufficient to achieve good efficacy (or even just by licking the pills).

Message from the President: You say Goodbye and I say Hello!

Well, another school year has started for Canada's pharmacy students and it promises to be a good one. To all of the first year students, welcome to -what is in my humble opinion- the greatest profession in the world. To the fourth year students, welcome to your final year of school, but not your final year of learning. To all other students, welcome back from the summer and by now, hopefully, you are back in the groove of things.

CAPSI has many exciting things in the works for you this year; we have our competitions which include: The Compounding Competition, sponsored by Medisca, the Patient Interview competition, sponsored by Apotex and for the first year as a national competition, the OTC competition, sponsored by Wyeth. All of these competitions are available to all CAPSI members and I encourage you to try them all out.

We also have a new partnership with the Canadian Society of Hospi-

tal Pharmacists, including a symposium on hospital pharmacy issues, a copy of the direct patient care curriculum to second year CAPSI members, a studentship opportunity for one student at the national office of CSHP and an award for Excellence in Hospital Practice for any CAPSI/CSHP member. We will also be offering the Ratiopharm Hand washing program to elementary students for the first time. This professionally-done program is sure to be popular at local schools.

We have national symposiums where you can voice your opinions on hot issues facing the profession. The first one this year will be on the role of the pharmacy technician. You won't want to miss it!

In addition to all this, your membership with CAPSI gives you membership to the New Health Professionals Network, a national body for promoting Medicare and interdisciplinary collaboration and the International Pharmacy Stu-

dent Federation, an organization linking pharmacy students from around the world.

Finally, don't forget Professional Development Week being held this year in Montreal. The speakers are first rate, the opportunities for networking are second to none and the social events will be absolutely out of this world! I guarantee you will not have a better weekend during the year.

I hope each of you will read this issue of the CAPSIL from cover to cover, as there are many great articles. Stay tuned for further exciting developments from CAPSI over the year and be sure to get involved in all the opportunities available to you.

Have a great year and until next time I remain,

Adam Somers
CAPSI President
4th Year, Dalhousie

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Competitions, Symposiums, Campaigns...Oh my!

Hello everyone! I hope you're all having a blast in this new school year. I just want to let you know a little bit about what kind of professional development opportunities CAPSI has in store for you this year!

As usual, there will be the Patient Interview and Compounding competition where you can put your learning to use. The Over-The-Counter Competition will be run nationally for the first time. This competition is similar to the Patient Interview Competition and will challenge your knowledge on OTC products. This is a great opportunity to come out, have some fun, and learn at the same time. I highly encourage anyone to try, especially the first-year students. But if you're not up for working under pressure, there is also the Student Literary Challenge where you can take your leisurely time in writing about a pharmacy-related essay—as long as you make the deadline of course!

Aside from the educational benefits of participating in the competitions, you also get great prizes from winning. For example, you get very useful textbooks such as USPDis and Therapeutic Choices. You also have the privilege of representing your school to compete on a National level and get free registration to PDW and travel subsidies.

Sound good to you? Interested? All you have to do is join the competitions! It's free for all CAPSI members so what do you have to lose? Come out, and have some fun!

If the competitions are really not your cup of tea, there are other events that you can participate in as well. CAPSI holds 2 symposiums each year. This is your chance to come out and discuss current pharmacy issues. CAPSI will then put out a position paper based on students' opinion on the issue being discussed. Want your voice heard? Come out to the symposiums and express your views.

This year, the two topics are: "The Role of Pharmacy Technicians", as well as "Healthcare Professionals and Harm Reduction". We will be having our first symposium sometime this fall and you can find out more details from your local reps.

This year, we will also be putting on a National Hand-Washing Campaign with Ratio-pharm where we, as pharmacy students, go to local elementary schools and teach students the importance of hand-washing as well as the proper technique to do so. A program like this is your chance to promote health awareness in the community and to instill early knowledge of the role of pharmacists in children. This will definitely be a fun and educational experience for you, as well as the children in your community.

In conclusion, come out, learn, and have some fun. This is what CAPSI events are all about!

Jinny Cheng
V.P. Education
4th Year, University of BC

FACULTY PROFILE:

Name of Faculty: Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta

Number of students accepted per year: 130

Entrance Requirements: Suggested grade point average: 3.5 or great (4-point scale) and Letter of Intent

Minimum number of years to graduate: 5 years (4 +1)

Average tuition fee: approx. \$5033

Male to female ratio: n/a

Hospital Rotation: 4 weeks in 1st year, 6 weeks in 4th year

Community Rotation: 2 weeks in 2nd year, 6 weeks in 4th year

Most well-known prof and why: Dr. Pasutto is our Dean and the most popular prof for his classroom presence.

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FACULTY PROFILE:

Name of Faculty: College of Pharmacy and Nutrition, University of Saskatchewan

Number of students accepted per year: 90

Entrance requirements: Introductory classes in Biology, Chemistry, Organic Chemistry, English, Psychology/Sociology/Native Studies/Philosophy, Electives

Minimum number of years to graduate: 1 pre-Pharmacy year + 4 years in the program

Average annual tuition fee: \$6798

Male to female ratio: 1:3

Hospital Rotation: 4 weeks after 3rd year, 5 weeks in 4th year

Community Rotation: 4 weeks after 2nd year, 5 weeks in 4th year

Specialty Rotation: 5 weeks in 4th year

Most well-known prof and why: Dr. John Hubbard. Well known for his "kick-ass coffee", his clever teaching tactics, quick wit, exceptional experience in the pharmaceutical world and entertaining demonstrations in his intro to pharmacy lectures.

Get Ready for PDW 2006!

Hello everyone! This is your CAPSIL rep writing from Montreal, the city which -need I remind you? -will host this year's Profession Development Week. Let me tell you about this unforgettable experience by giving you some information on the various speakers, on downtown Montreal boutiques, and especially a glimpse of the Montreal nightlife that you'll have the chance to witness!

First of all, I just wanted to tell you that this year's PDW is going to be AWE-SOME!!! The keynote speaker, JF Bussi  res,



is very well-known in Quebec's pharmacy world. He is head of the pharmacy department at the Sainte-Justine M  re-Enfant CHUM (University Hospital Center) and also an enthusiastic clinical professor at Universit   de Mon-

tr  al (UdM) who is well-loved by most students. Let's just say that he'll wake you up in no time if you partied too hard the night before!

Christiane Mayer is also a well-known pharmacist. Her expertise in the field of interpersonal communication is incredible and her knowledge of human psychology brings an interesting perspective on how to deal with taboo subjects with patients. It'll be a lecture you won't want to miss.



Jean-Yves Dionne is a columnist in a Quebec pharmacy journal, the Actualit   Pharmaceutique, which deals with scientific to administrative pharmacy topics. He also teaches some physiotherapy courses at UdM. A brilliant pharmacist, he will shed some

light on the controversial subject of nutrition in sports and performance drugs. Maybe we will finally find out how football players are able to bench-press 250 pounds!



The motivational speaker this year will be Chantal Petitclerc; winner of 5 gold medals at the Paralympics in Athens 2004 and holder of 3 world records in wheelchair sports. She will be speaking about her own challenges, and how to choose the challenges that can be achievable.

The hotel that you're going to be staying in, Hyatt Regency Hotel, is located in downtown Montreal, near the Complexe Desjardins and its 120 boutiques. It's also near Ste-Catherine street, Montreal's aorta (sorry, I'm studying angina right now...) where you'll find Mexx, Ogilvy, Tristan & America, Dubuc, Browns, Angela Jones (lace underwear) among others. So be sure to leave some space in your luggage.

Last but not least, let me tell you about Altitude 737, Montreal's classiest bar. Marvelous. Incredible. Magnificent. Breathtaking. A once-in-a-lifetime experience at 30,000 square feet. In the last three stories of Montreal's highest skyscraper. Not to mention CAPSI competitions in the morning. Hard.

In short, starting January 18th, Montreal will be host to a conference that will be loved by pharmacy students all across Canada. We are very proud to host PDW this year, and I really hope that it will meet your highest expectations and that you will enjoy your stay in our beloved city. For more information, please see our website at: <http://www.aepum.umontreal.ca/pdw2006>. See you in January!

Alexandre Ferland
CAPSIL rep
3rd Year, Universit   de Montr  al

SHOPPERS
DRUG MART





CALL FOR CAPSI ELECTIONS

CAPSI National is now accepting applications for the following executive council positions for the 2006-2007 year:

- " President-Elect
- " Executive Secretary
- " Vice President Communications
- " Vice President Education
- " Vice President Interdisciplinary Affairs
- " Finance Officer
- " International Pharmaceutical Students' Federation (IPSF) Liaison
- " Student Exchange Officer
- " CAPSIL Editor

When?

Elections for the CAPSI Executive Council will be held on **Friday, January 20th, 2006 at PDW 2006 in Montreal, PQ**. Interested candidates are encouraged to consult the summary of portfolio descriptions detailed from pages 34-46 of the 2005-2006 CAPSI Agenda. Please feel free to contact current members of Executive Council, who will be more than happy to answer any questions pertaining to their respective positions. Also, check out the website at www.capsi.ca for the e-mail addresses of current council members or see page 15 of the CAPSI Agenda. Alternatively, you may contact myself, Omolayo Famuyide at omolayofamuyide@yahoo.com and I will put you in touch with the appropriate individual.

What do I need to do?

Interested applicants are required to:

- Submit a signed nomination form (available from your local CAPSI Senior or Junior Representatives);
- Prepare a curriculum vitae (CV) and letter of intent detailing the candidate's qualifications, goals and reasons for seeking the position;
- Deliver a five-minute presentation during the Election Proceedings at PDW (any candidate that cannot attend PDW must submit a five-minute videotaped speech).
- Applicants can send the required material to the following address postmarked no later than December 31st, 2005. Each candidate must e-mail the Executive Secretary at omolayofamuyide@yahoo.com if the candidate has mailed off the required materials.

The deadline for these submissions will be **24 hours prior to the Election Proceedings** at PDW 2006 in Montreal, PQ (Thursday, January 19th, 2006 at 2400 hrs). No late submissions will be accepted. Please mail all required materials to:

Omolayo Famuyide
17 Houde Drive
Winnipeg, Manitoba
R3V 1C4

Participating on your CAPSI Executive Council allows you the opportunity to represent students from all nine faculties of pharmacy from across Canada. This is your future profession and you have the opportunity to shape it by participating on your National Executive Council.

If you have any questions, please do not hesitate to contact your local CAPSI Senior or Junior Representative; or you may also contact the Executive Secretary. I look forward to seeing you in Montreal. Good Luck!

Omolayo Famuyide
CAPSI Executive Secretary
2nd Year, University of Manitoba

FACULTY PROFILE:

Name of Faculty: Faculty of Pharmacy, University of Manitoba

Number of students accepted per year: 50

Entrance requirements: 70% based on W GPA (weighted) and 30% based on a written essay

Minimum number of years to graduate: 1 pre-Pharmacy year + 4 years in the program

Average annual tuition fee: \$5600

Male to female ratio: 1:4

Hospital Rotation: 1 week in 2nd year, 2 weeks in 3rd year, 5 weeks in 4th year.

Community Rotation: 48 hrs volunteering in a health setting (excluding pharmacy), 1 week in 2nd year, 2 weeks in 3rd year, 4 weeks in 4th year.

Most well-known prof and why: Professor Alan MacIntosh is easily our most notable prof. His regular "appearance" in the Beer and Skits proves just how much his teaching style impresses students. He has the remarkable ability to teach an entire class, stopping only three times to breathe, and never once uttering an unimportant sentence. Prof. MacIntosh is a brilliant man and anyone who can get that enthusiastic about Med. Chem. deserves our applause.

Wyeth
Pharmaceuticals



FACULTY PROFILE:

Name of Faculty: Leslie Dan
Faculty of Pharmacy, University of
Toronto

**Number of students accepted
per year:** 240

Entrance requirements: Appli-
cation, including academic require-
ments, and the
University of Toronto Pharmacy
Admissions Test (UTPAT)

**Minimum number of years
to graduate:** 4 years

Average annual tuition fee:
\$10,703

Male to female ratio: 1:3

Hospital Rotation: Site visits (4
x 3 hours) in 2nd year 8 weeks
in 4th year

Community Rotation: Site
visits(4 x 3 hours) in 1st year, 8
weeks in 4th year

**Most well-known prof and
why:** Professor Zubin Austin,
because students see him as
extremely friendly, funny, enthusias-
tic and approachable. Students
appreciate his lecturing style and
tend not to forget his classes.



November: The Month for Innovative Pharmacy Conferences

The Health Sciences Students' Association, formerly ACHIL, is a student organization that promotes interdisciplinary teamwork and interactions between students in the various health disciplines at the University of Alberta. ACHIL has decided to undertake the extraordinary project of hosting the first ever provincial inter-professional student conference. The delegates will consist of students enrolled in one of 31 different health professional programs. The conference will take place on November 4-6, 2005 in Edmonton at the Mayfield Inn & Suites.

The **Alberta Interprofessional Conference, AIC**, will provide students with a unique opportunity to learn in a collaborative environment with students of different backgrounds from across the entire province. Our theme, "A Patient's Perspective", which is universal to all health professions, will explore the patient's views of their medical condition and the care they receive from all disciplines. We are hoping to make this an annual event for the benefit of the patients, the health care community and the province at large.

Here is a glance at some of our conference highlights:

Our keynote speaker, Alvin Law, is like no other. You will recognize him as soon as he takes off his shoes to eat or read. During pregnancy, Alvin's mother took the infamous morning sickness drug, thalidomide. Alvin was born without his arms. He has always lived by the motto: "There is no such word as 'can't'!" Alvin will make you laugh and cry and motivate you to be all that you can while providing an interesting patient's perspective.

The laughing doesn't stop there. Passionate about spreading the message of fun, meaningful work, our closing speaker, Jody Urquhart, is an internationally recognized speaker. Jody believes keeping a sense of humor gives you energy and resilience. Jody's closing session entitled "Nerve to Serve ... Say Hello to Humor and Goodbye to Burnout" is an uplifting, inspiring program that will get everyone to appreciate the power of humor to maintain their sanity in a very busy and at times stressful work environment.

Our breakout sessions will enrich your mind with topics as diverse as "The Expert Patient" to "Overcoming Barriers to Care-giving of Different Cultures" to "How to be a Young Millionaire".

We hope you will join us for the first ever AIC! Please peruse our website: www.ualberta.ca/~aicachil and for more information or email us at aicachil@ualberta.ca.

AIC Planning Committee

The **Atlantic Pharmacy Advancement Conference (APAC)**, a joint venture between the Pharmacy programs at Memorial and Dalhousie University, is less than a month away and the excitement is really beginning to mount! Over 300 students, alumni, and speakers will descend upon St. John's, Newfoundland from November 3-6th, to participate in much more than a mere exchange of Screech-ins and Barrett's Privateers!

APAC is not simply a conference between Memorial and Dalhousie Pharmacy, but rather an initiative to empower research, industry, entrepreneurial initiatives, and students to advance pharmacy in the Atlantic region.

Atlantic Canada has many innovative pharmacists who are doing groundbreaking research and entrepreneurial initiatives.

APAC is about bringing all the players in our profession together in order to network, to develop and grow ideas. For example, Jeannie Collins-Beaudin (Keswick Pharmacy, NB) will be speaking about her many novel compounding works, such as a new innovative dermatology line which has attracted attention from companies in the US.

As pharmacy students, we often don't think about opportunities that lay outside the traditional view of pharmacy. We believe that Jeannie and other Atlantic Canada speakers will help inspire students, pharmacists, and faculty to think more about the big picture.

APAC is not just about growing business, but also about garnering more research funding between our universities. The benefits of forming partnerships are obvious: **(cont'd on page 9)**



Bridging the Gap for International Pharmacy Graduates

The media often points out that there are thousands of landed immigrants in Canadian society who are professionals being forced to work in a Tim Hortons or McDonald's. Although this is an unfortunate situation, the standards and practice of many professions do vary greatly from country to country, and many foreign-trained professionals are not prepared to practice in Canada. Those in the profession of pharmacy are of no exception. Today, we are witnessing a huge influx of pharmacists from other countries – people who are highly skilled and could contribute greatly to healthcare in Canada. Most of these people, however, obviously lack the “Canadian experience” that employers seek and end up working at low-paying jobs to make ends meet.

To help such people, the International Pharmacy Graduate (IPG) Program was formed as a joint project spearheaded by the Leslie Dan Faculty of Pharmacy at the University of Toronto and the Ontario College of Pharmacists. This highly-structured program assists IPGs in meeting pharmacy practice standards and licensing requirements in Canada, while providing them with access to university-based courses at the Faculty. The program consists of ten distinct courses in two eight-week sessions, covering a variety of subjects including professional communication skills, pharmacy law, advanced therapeutics, drug distribution, patient counselling and interviewing skills. A mentorship network also introduces students to licensed and practicing pharmacists who help them make the entry into the professional world of pharmacy in Canada.

The innovative program is tailored specifically for IPGs in that it assumes the students are qualified pharmacists; the focus is on teaching the basics of Canadian healthcare and pharmacy practice. Pharmaceutical jurisprudence, terminology, and the technical aspects of dispensing medications can differ immensely in various countries, and it is important for IPGs to be on par with standard practices in Canada. Furthermore, the practice of pharmacy in Canada is much more patient-oriented than in some other countries. Since English is a second language for most students in the program, much emphasis is placed on developing effective communication skills.

The value of the IPG Program is evident in the high success rate of its graduates. Eighty percent of foreign-trained pharmacists fail the provincial licensing exam on their initial attempt. On the contrary, the first 100 graduates of the IPG Program all passed the exam on their first try. Students in the program also have a better chance of finding jobs or internships in pharmacies.

The IPG Program is the only one of its kind in Canada. Overwhelming positive feedback for the program and demands for increased access to the curriculum outside the Toronto area have led to the announcement of two satellite campuses in Waterloo and Ottawa. Classes at these campuses are due to begin in Spring of 2006. A successful pilot project at the University of British Columbia last year also opened up the possibility of a third satellite campus in British Columbia. Hopefully, the IPG Program and other like-minded programs will continue to develop in the future, fostering close professional relationships between pharmacists on the national and international levels.

Elaine Tam
CAPSIL Rep

1st Year, University of Toronto

(APAC cont'd...)

it can bring more funding, which means better opportunities for faculty and students. Both schools would love to see more projects being initiated in our area.

By bringing Memorial and Dalhousie students, alumni and faculty together we hope to spur on research and innovation

in our area. If anyone has any questions please contact the Dalhousie Student Pharmacy Society vice-president, Alistair Bursey (abursey@dal.ca) or the APAC 2005 Chair at Memorial, Andrew Ritchie (aritchie@pharm.mun.ca).

By Alistair Bursey
Dalhousie University

FACULTY PROFILE:

Name of Faculty: Faculté de pharmacie de l'université de Montréal

Number of students accepted per year: was 170/year before but 200/year beginning this year

Entrance requirements: Cote R (approx 32.5) and motivation test

Minimum number of years to graduate: 4 years

Average annual tuition fee: approx. \$1200

Male to female ratio: 1:2

Hospital Rotation: 7 weeks in 4th year + OPQ (3 to 6 weeks)

Community Rotation: 7 weeks in 4th year + OPQ (3 to 6 weeks)

Most well-known prof and why: Jean-Louis Brazier, Diane Lamarre

Note: this info will likely change next year with the integration of a PharmD program

Guardian



FACULTY PROFILE:

Name of Faculty: Faculté de pharmacie de l'université Laval

Number of students accepted per year: 150

Entrance requirements: School marks

Minimum number of years to graduate: 4 years

Average annual tuition fee: \$3000

Male to female ratio: approx 1:5

Hospital Rotation:

Community Rotation:

1st year: 120 hours community;
2nd and 3rd year: 120 hours each in either hospital or community, with a min. of 120 hours in hospital. 4th year: 600 hours with 3 rotations in hospital and 1 rotation in community. To practice in hospital, 2 more years of school must be done.

Most well-known prof and why:

Wow...this is so personal to each student. Really...we have many very good teachers here in Laval and I don't feel I can pick one in the name of all students...do I really need to do that? Last year, Mr. Jean Lefebvre was chosen by third year students as the most appreciated.

Pharmacists: Stop Hiding Behind the Counter!

We have a warning to all Pharmacists, recent graduates and old-timers; Stop hiding behind the dispensing counter!

Pharmacists are the most unassuming and passive health care professionals out there. Most hide behind their dispensing counter in their white lab coats, pushing out drugs and going through the motion of telling the patients about how the drug works and the side effects without really appreciating the fact that THESE people ARE experiencing these side effects and THEIR lives are affected by them.

As future pharmacists, current pharmacy students and new graduates have the ability to change the perception of this type of pharmacist. But many of you are probably asking, what can we do NOW as students to acquire the skills and form the habits required so that when it comes time to be a practicing pharmacist we will be active ones? We suggest first and foremost, be observant when on clinical rotations and clerkships. Pay attention to how your pharmacy preceptor communicates with their patients. We also suggest learning, enhancing and practicing your medication consulting skills. This can be done by being active in patient consulting in services that your University organizes with their local community (i.e. churches, retirement homes etc.). Participate in community awareness programs (i.e. Pharmacy awareness week).

Most people think of pharmacists when they get sick and they need to fill a prescription at their community pharmacy or to have drug-related questions answered. But that is just a small part of an extensive list of things that pharmacists are qualified to do. Besides working in the community, a pharmacist can work in a hospital, home health care, nursing homes, organizations, pharmaceutical research companies, government health agencies, and higher education among others.

Although pharmacists do not have the most visible job in health care they are a critical element to the delivery of quality patient care. The pharmacy profession, like all other health care professions, is in the midst of a severe shortage, which has left the profession overwhelmed. There are career opportunities for pharmacists in hospitals, long-term care facilities, home health centers, and clinics. Some 50,000 chain and independent pharmacy retailers, department stores, and supermarkets across North American operate pharmacy operations where qualified pharmacy professionals are working.

The traditional image of a pharmacist is someone who compounds and dispenses medications in a retail setting.

That image, as well as the pharmacist's role in health care, is changing. Elizabeth Mejia-Millan, a pharmacist in the Drug Information Center at Duke University Medical Center, says that pharmacists are playing a larger role in health care than ever before.

"Today we see pharmacists much more involved in patient-centered care," she says. "They are providing counseling to patients and also providing information to the other members of hospital medical teams about the safe and appropriate use of medications."

So stand up and take the profession to new heights! Or you could end up as a Licker, sticker and pourer pharmacist. Always unassuming, always passive.

**Dr. Kishor M. Wasan, RPh, Ph.D.
Professor and Chair of Pharmaceutics
Distinguished University Scholar
Faculty of Pharmaceutical Sciences
University of British Columbia**

and

**Lisa Bui
CAPSI Junior Rep
3rd Year, University of BC**





The Other Brain Drain: Perceived stigma surrounding pharmacy students in medicine and dentistry

In the spring of 2005, Dr. Procyshyn took an informal straw poll of the third year pharmacy class at UBC. He was interested in what area of practice the class was focused upon. Dr. Procyshyn asked the students looking towards working in the community to raise their hands and a large number of hands went up. He asked the students thinking about working in hospital practice to put up their hands and fewer hands went up. When he asked who was going to go on to medicine or dentistry, no hands went up. Booming ensued. While the booming was more whimsical than spiteful, the dissent was possibly due to the common knowledge that the results of the final survey question did not accurately represent the actual number of aspiring physicians and dentists in the class. Those future doctors and dentists were justified in not willing to admit their goals, but what makes our community have negative attitudes towards them?

At UBC, the first year classes in the faculties of Medicine and Dentistry take the same courses. Approximately 5% of the 2009 graduating class of those two faculties, which totals 267 people, have a pharmacy background. Half of those students came directly from pharmacy school, either before completing all four years or directly after graduating with a BSc.(Pharm). As one of the few undergraduate degrees in a healthcare profession, pharmacy is a logical choice

for someone wanting to become a physician or dentist. Not only is the background in drug information useful, understanding healthcare and professionalism is also important. A background in pharmacy clearly makes for a better healthcare professional, ultimately improving outcomes for patients.

Interdisciplinary collaboration is part of the direction that healthcare is moving towards. Healthcare professionals go through some of the best training offered today in their chosen field and are able to improve outcomes for patients. Teams consisting of professionals, such as physicians, nurses, pharmacists, physiotherapists, social workers, dentists, and even midwives, will provide better holistic care for patients than any health professional working independently could offer. If that is true, why is there such a stigma surrounding the occurrence of pharmacy students "abandoning" their profession in pursuit of a career in medicine or dentistry?

"If I didn't get in, I didn't want the faculty to think that I didn't want to be in pharmacy," explains a former pharmacy student, who requested to remain anonymous. She was offered admission into the medical/dentistry first year program in February of this year but did not make an effort to make it known to her pharmacy faculty and fellow students. When a situation arose that required her to disclose her status, she found out that not all members of the fac-

ulty were against her career change. "Some were quite supportive." She maintains that there is still a perceived dichotomy of supporting students pursuing their goals and chastising them for abandoning their chosen profession.

Marguerite Yee, Director of Student Affairs at the UBC Faculty of Pharmaceutical Sciences, does not agree with the negative attitudes. "I really think it comes from the students," she said, noting that the faculty does not have mechanisms in place to prevent applicants from using a pharmacy degree simply as a stepping stone to medicine or dentistry. Many members of faculty have written reference letters for students. "From a faculty perspective, we're proud of our students who go onto other things." It would be a disappointment for the profession of pharmacy to lose someone who is professional or who is a good leader.

M. Yee also notes that it is important to "look to the future at what your future relationships will be." In fostering healthy working relationships, students should remain professional in their activities for the community. Students leaving the faculty should not be abandoning their responsibilities or misrepresenting themselves in any way. It is worthwhile to "respect each other for their goals."

Anthony Tung
CAPSI Senior Rep
4th Year, University of BC

FACULTY PROFILE:

Name of Faculty: College of Pharmacy, Dalhousie University

Number of students accepted per year: 90

Entrance requirements: General Biology, General Chemistry, Math (Calculus only), Humanities and/or language Social Science

Minimum number of years to graduate: 4 years

Average annual tuition fee: \$9,118

Male to female ratio: 1 : 4

Hospital Rotation: 2 week rotation during the summer after 2nd year, 6 week rotation in 4th year

Community Rotation: 2 week rotation during the summer after 2nd year, 4 week rotation during the summer after 3rd year, 6 week rotation in 4th year

Most well-known prof and why: Kathy Walsh - 1st year Skills Lab Coordinator. Kathy has a great sense of humor and comes out to support all of our social and academic events and sometimes is the only prof there! Her experience in a variety of pharmacy practice settings and her knowledge of compounding make her a great prof that I know we've all learned something from.



FACULTY PROFILE:

Name of Faculty: School of Pharmacy, Memorial University of Newfoundland

Number of students accepted per year: 40

Entrance requirements: One year introductory courses in of Biology, Chemistry, Math, English, Physics and one semester of business

Minimum number of years to graduate: 4 years, including the first year of pre-pharmacy studies

Average tuition fee: \$1360.00

Male to female ratio: 1:3

Hospital Rotation: 4 weeks after 2nd year, 12 weeks practice experience consisting of two 6 week rotations, which includes hospital practice.

Community Rotation: 4 weeks after the 1st year, 4 week advanced after the 3rd year

Most well known prof and why: Dr. Linda Hensman is very well known among the students of MUN mainly because she has such a deep and sincere concern for her student; her desire to assure the well-being of each individual student is evident. It is also said that Dr. Hensman's classes and seminars are some of the best ever taken here.

What's Driving the Tide?

A look at the rising interest in joining the professional ranks of pharmacy

The number of people applying to pharmacy schools across the country is increasing. This much is clear as almost every faculty has seen the number of potential applicants grow year after year in the past half decade. The reasons behind the growth are not so clear. What is it that has students all across the country seeing pharmacy as a more viable career choice more than ever before?

There are several possible explanations that quickly come to mind. Is it the change in the direction of the profession? Is it a mere reflection of the increasing number of people entering post-secondary institutions? Is it something as base as the greater wage being drawn by the pharmacist in this day and age? The number of explanations behind the growth seem to be infinite and as individual as the applicants themselves.

The University of Manitoba has seen a successive increase in potential applicants in the past five years. In 2001, 133 students applied for the 50 positions available. After a steady increase, 2005 saw 364 potential applicants for the same number of seats. The Dean of Pharmacy at the University of Manitoba believes the new found interest can be explained in a simple manner, "It is my opinion that increasing interest can be directly related to the greater overall exposure of the profession in the media". Collins also went on to say that the number of applicants in the faculty is growing at a greater rate than that of the student population at the U of M. He also underlined that there was a definite shortage of pharmacists right now.

The University of Manitoba is not the only pharmacy school to experience the recent growth. At the University of Toronto, where 240 students are accepted per year, the number of candidates attempting to secure a position in their faculty has nearly tripled from 681 in 2001 to 1654 in 2005.

The media may be one reason behind this nationwide explosion, but there are surely others. Media can only highlight the actual changes that are occurring professionally. It does draw attention to the profession but interest can only be peaked by what people see when the spotlight shines. Changes like the new push towards an increase in inter-professional relationships are undoubtedly raising eyebrows. Now more than ever pharmacy is being recognized by more and more people as a practice which carries significant stature and importance. The image of "lick, stick, and pour", while not

Media does draw attention to the profession, but interest can only be peaked by what people see when the spotlight shines

completely stamped out, is certainly no longer the common perception of the profession. The more that people realize

this the more they feel that pharmacy is a viable career option for the student who wishes to travel the professional route.

If Intro to Economics teaches anything, it is certainly that supply and demand are invariably linked. So when you factor in an increased demand for pharmacists you will forecast an accommodation from the supply chain. While the admissions process is the filter, it is the number of applicants which realistically represent supply. It has adjusted accordingly to the number of positions that have been available in the recent past. The current level of interest, if tied to a shortage of pharmacists, would realistically last until several years after the shortages have been erased.

It is reasonable to assume that it is more the cumulative effect of many of the factors that have changed in the professional landscape recently that are behind the swell of the rising tide of interest and not just one factor acting as the driving force alone.

Robin Oliver
CAPSIL Rep

2nd Year, University of Manitoba



Consequences of the Pharmacy Shortage

As a concerned member of pharmacy, I would like to address the shortage of pharmacists in Canada. I believe this issue must be discussed, as the present situation has resulted in significant competition among pharmacies across Canada to hire new pharmacy graduates. While the current environment has never been more prosperous for our profession, one must examine both the positive and negative consequences of the shortage for pharmacy practice.

The shortage of pharmacists has led to an increased awareness of our profession. Our contribution to the health care system has experienced greater recognition by Canadians. The opportunities available for pharmacists are endless, with an abundance of career paths to choose from. As the demand for pharmacists rise, the potential services that can be provided are compromised. Canadians are beginning to realize that pharmacists are essential members of the health-care team, assisting patients in assessing their medication requirements and determining how to best meet those needs. However, this discovery is hindered if our advanced training continues to be underutilized and unappreciated.

Pharmaceutical care revolves around a concern for the quality of people's lives. This service is a patient-centered practice in which the practitioner assumes responsibility for a patient's drug-related needs and is held accountable for this commitment. The demand for cognitive services such as pharmaceutical care is hampered by the dependence on getting prescriptions filled. The more prescriptions are filled, the greater the income for the pharmacy—a fee-for-service model. The inevitable increased workload for the pharmacist results in a focus on manually filling a patient's prescription rather than drug counseling. Because of the pharmacy shortage, pharmacy graduates can now request increased salaries for themselves. Why not use the competitive environment to request a higher degree of cognitive services? At the moment, a pharmacist's salary is based on volume and does not reward time spent with the patient. Is there room to step away from this model?

The lack of pharmacists in Canada also plays a role in the ever-rising costs of healthcare. The current atmosphere does not allow the pharmacist to monitor individual patients' drug utilization patterns, recommend and correct dosing regimens or

follow-up with the patient. The selection of over-the-counter (OTC) medications cannot be influenced and therefore pharmacy intervention cannot be documented nor evaluated. While pharmacists need to educate physicians in order to influence prescription drug selection, this consultation cannot take place if pharmacists are tied up behind the counter dispensing pills. The deficiency in drug consultation can lead to over- and improper-prescribing by the physician as a result of the lack of pharmacy resources. The drug therapy prescribed to the patient may lead to a drug mishap, placing the patient in the hospital and thus increasing costs of healthcare.

I believe the shortage of Canadian pharmacists is serious enough to spark change in the way society views pharmacy and pharmaceutical care. The demand for pharmacists in Canada will ignite reform to our health care system and force patients, physicians, and the government to recognize pharmacy's contribution to Canadian health.

Jamil Ramji
CAPSI Junior Rep

3rd Year, University of Saskatchewan

Tell us what you think and Win \$25!!

Respond* to one of the FOUR Editorials with your opinions on the subject and get entered into a draw** to win \$25.

What are your thoughts on the pharmacy shortage? How long will it last and what'll happen when it ends? Why are there so many people interested in pharmacy? Will this be the same if and when the Pharm-D program is introduced? How do you feel about med and dent students using pharmacy as their undergraduate degree? Will pharmacists ever step out from behind the counter?.....

Email your submission to: cynthialui@gmail.com before December 16th, 2005.

* There's no need to be scared off by this. No thesis or standard 3 argument essay is necessary. Just write us what you think in coherent sentences.

** Truth be told, we're probably just going to pick the one that's most creative or has had the most thought put into it, so it'll be worth your while to try. Good luck!



A Capital Experience with CSHP!

The Canadian Society of Hospital Pharmacists (CSHP) is the national voluntary organization of pharmacists who share an interest in pharmacy practice in hospitals and related health care settings. The Society provides leadership; it advocates on behalf of hospital pharmacists; it promotes the provision of patient-focused pharmacy services; and it represents and provides services to its members.

CSHP recently collaborated with CAPSI to find ways to promote hospital pharmacy as a career choice for undergraduate pharmacy students. Their collaboration established four ways in which to do this:

The first is the presentation of a symposium to 2nd year pharmacy students, promoting hospital pharmacy. At this symposium, students in second year will also receive a CD copy of the Direct Patient Care Curriculum, Module 2, which is published by CSHP. This is a workbook teaching students how to provide pharmaceutical care. The third piece of this collaboration is the creation of a Hospital Pharmacy Student Award, sponsored by CSHP and CAPSI, to be presented at each year's PDW. Finally, they created my job this summer, that of pharmacy student intern in the CSHP head office in Ottawa.

I've been interested in CSHP since I started pharmacy school. I knew that community pharmacy wasn't for me - in fact,

when I graduated high school, I swore I'd never be a pharmacist, because I thought that community pharmacy would be my only option. But seeing my best friend complete a pharmacy degree, then do a hospital residency, really opened my eyes. Retail wasn't the only option for someone with a pharmacy degree.

I could work in a hospital, or industry, or government, or many other places. But the chance to work with patients in an acute care setting and apply relevant clinical information is what really appealed to me. So, in light of this interest, why not become involved with the national organization of hospital pharmacists? I volunteered with registration at the Professional Practice Conference (PPC), held in February, in 2004 and 2005. I attended the Ontario Branch Annual General Meeting (AGM) in November 2004. I went to career night at PPC, and talked to people there about doing a residency, and asked them what hospital pharmacy was really like. In short, I tried to find out as much information as I could about the career that I was contemplating.

My experience this summer can be summed up in one word: memorable. I've met so many great people, and have really gotten to know a lot of the ins and outs of the profession of hospital pharmacy and of the Society. I had the chance to attend a ton of meetings, from monthly Executive

meetings, to consultation sessions with pan-governmental organizations, like CIHI (the Canadian Institute for Health Information), to a whole slew of meetings at the CSHP AGM in August, culminating with a pharmacy student showcase. I also had the opportunity to represent CSHP at the Canadian Pharmacists Association conference in May.

I completed a two-week clinical clerkship at The Ottawa Hospital, in internal medicine. This was the first direct patient care that I'd ever done, and I really appreciated the opportunity to do so. After hearing all about morbilliform rashes resulting from antibiotic sensitivities, and seeing pictures in textbooks, what I'll really remember is seeing it first-hand on a patient - and it actually does look like the pictures in the book!

I really enjoyed my summer with CSHP. I had the opportunity to work with interesting and talented people, I had the chance to meet hospital pharmacists currently in practice and talk with them about their practice areas, and I got to promote hospital pharmacy all summer (and beyond, as evidenced by this article!). I'll miss working with CSHP, but I know it's "see you later", not "goodbye". I'll be back in the future - my goal is to be president one day!

Christina Cella
4th Year, University of Toronto

How to apply for the award:

The deadline for the award for 2006 has already passed (August 29, 2005). However, I would strongly encourage all students to think about submitting projects they have already completed for consideration for the 2007 award. Please keep in mind that one criterion for getting the award is that you must be a CSHP member for at least 12 months before the application for the award is submitted. For more information visit: www.cshp.ca.

CSHP Student Internship Opportunity:

The Canadian Society of Hospital Pharmacists (CSHP) is seeking an enthusiastic pharmacy student to provide support to CSHP members and to advocate for hospital pharmacy during 16 weeks in the 2006 summer. The full job description for this position is posted on CSHP's website at www.cshp.ca

As an ideal candidate for this position, you are currently enrolled in an accredited Canadian undergraduate pharmacy program and considering a career in hospital pharmacy practice. Your excellent communication and interpersonal skills are key as you network with CSHP members and volunteers. Fluency in both official languages would be considered an asset.

Interested individuals should apply in writing before December 5th, 2005. Please direct enquiries and send cover letter and curriculum vitae to the Executive Director.



Did you know that you are a member of the **NHPN**?

For most of you, the answer is probably no. In fact, many of you are probably wondering what NHPN is, what it stands for and what it does for us. Through this article, I'll try to answer these questions, and even a little bit more.

The New Health Professionals Network (NHPN) was created just over a year ago to unite the next generation of healthcare workers. It is a network representing over 20,000 future healthcare professionals training in nursing, medicine, pharmacy, social work, physiotherapy, occupational therapy, chiropractic and other allied health professions. One of the main goals of gathering these different groups together is to promote high quality care for patients within a publicly-funded single-tier system.

To achieve this particular mission, NHPN recognizes the critical role of interdisciplinary health care teams in reforming our health care system. We believe in the power of multi-disciplinary work to support all patients within a dynamic public system, offering high quality care based on need, not on ability to pay.

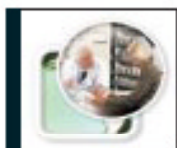
We believe that our current public system can be sustainable through reform, innovation, and commitment, if healthcare providers, governments and the public work together. It is necessary to have our voice heard because our healthcare system is now at a crossroads. A choice has to be made to either renew the current national commitment to single-tier publicly funded and delivered Medicare, or allow more and more privatization and the corresponding erosion of the principle of equal access for all citizens to quality healthcare. NHPN highly promotes the first option.

In June 2005, NHPN held its first summit in Toronto and many issues were addressed. First, we wanted to have the opportunity for open discussion between members. During these discussions, we tried to better define our role in the Medicare debate: what we do well, what is missing, what we should do and when. We talked about the sustainability of NHPN, and how we should organize our membership and our governance. We also used the event to celebrate the first Tommy Douglas awards for innovative interdisciplinary projects in healthcare within Canada.

At the end of the summit, a few committees were formed in order to facilitate ongoing discussions and initiatives throughout the year. These committees include that of: the Oath of Hygieia, Communication, Governance and Evidences. Initiatives are just beginning and all CAPSI members are welcome to participate. All you need is motivation, and a strong belief in interdisciplinary and Medicare.

For more information about the NHPN, check out the website at: www.thefuturefaceofmedicare.com. If you have any questions, please feel free to contact me at titdom@oricom.ca

Dominique Boivin
VP Interdisciplinary Affairs
2nd Year, Université Laval



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Student Exchange Program

The IPSF Student Exchange Program is an international motility program that gives students the opportunity to travel abroad and experience the practice of pharmacy in another country. Last year, over 40 country associations participated in exchanging about 300 students. Exchanges can occur at any time of the year, though the majority of them occur during the summer months. You can choose to participate in the community, hospital, or industry setting. Other settings (such as administrative settings) are available though they are much less common. The countries participating in the SEP and the number of places in each country vary every year so be sure to check the IPSF website: <http://www.ipsf.org> for the most up-to-date information.

If you are interested in applying for the program, please speak with your local IPSF Representatives. You must be a CAPSI member in order to apply. The deadline for Canadian applications is January 1, 2006. All applications must be approved by the CAPSI Student Exchange Officer (SEO) before they will be sent to the IPSF. The cost to apply will be \$85 and is payable to CAPSI after your application is approved by the SEO. CAPSI is allocated a limited number of applications each year and thus, unfortunately, not all applicants can be approved. As this is an exchange program, applicants are encouraged to recruit sites to host international students.

For more information, please contact your local IPSF Representative or the CAPSI Student Exchange Officer.

By Jason Wong
IPSF Representative 2004-2005

Africa in a One-Month Nutshell

There was something about Africa that always stirred up something inside of me. It was something real, yet not tangible. In the past, there was a part of me that really wanted to go see the lush green forests and the breath-taking wildlife. But as time went on, I realized Africa was not just about the forests or the animals, nor was it about the poverty, destitution, or wars we see on television and in magazines.

My name is Trevor Toy and I am completing my fourth and final year of pharmacy studies at the University of Alberta. In August 2005 I had the opportunity to participate in a month long International Pharmacy Students Federation Student Exchange Program (IPSF SEP) to Ghana, West Africa. While there, I began to realize that it is the people that make Africa what it is. Part of what gives African people their character is a certain dignity; even though many may not live as comfortable as we do, they make good use of what they have and most of all, they always find a way to smile.



I arrived in Accra, Ghana on July 30, 2005, the last month of the rainy season in Ghana. I was immediately greeted by the Student Exchange Officer (SEO) for Ghana, Nana Kwaku Mainoo, and was

whisked away by taxi to go to the city of Kumasi, which was a 6 hour drive north. As we drove, I tried to adjust to the sights and smells of markets and small towns. It was after nightfall when we arrived in Kumasi, and jet lag was settling in as we made our way through the busy night streets to Nana Kwaku Mainoo's home (he would serve as both SEO and host family).

Nana Kwaku's family was very generous and accommodating. Despite the fact he had never hosted anyone at his house, he said he would do his best to feed me at least two meals a day and find a ride to and from the pharmacy everyday. I was even provided with the largest bedroom in the house.

Two days after my arrival, I began my stint at a Ghanaian pharmacy. Like all the Ghanaians I had met, the pharmacy staff was very welcoming. Pharmacies in Ghana can be likened to small hospitals, and they are quite different from Canadian pharmacies in many respects. Some of these differences included:

- Lack of adherence to pharmacy laws and regulations
- Most Rx and OTC drugs could be purchased as long as one had enough money
- Pharmacist not always present in pharmacy
- No health or drug insurance scheme as of yet (cash and carry system)
- Different drug names and packaging
- Computer only utilized for cashier and inventory purposes
- No prescription records or patient profiles kept
- Drugs dispensed in paper or plastic envelopes
- High level of clinical knowledge for both pharmacists and pharmacy technicians
- Patients had different disease states
- Little to no communication with physician
- Less physical inventory
- Higher emphasis on alternative medicines



Africa in a One-Month Nutshell Continued...

Most Ghanaians understand English fairly well, although the primary tribal languages Twi and Ga were more commonly spoken. At times there were difficulties communicating with people who had not had the opportunity to go to school and learn English.

Ghanaian people take great pride in their food, another facet of culture that I found myself adjusting to. The favorite Ghanaian dish is Fufu, a moist ball of smashed cassava and plantain that is placed into various soups. Other dishes included mixtures of rice, fish, goat, etc. Most Ghanaian dishes were eaten by hand.

Religion is also another big part of Ghanaian life. Ghana is known for having the highest concentration of Christians in the region and this is evident in the strangest places. As you move along the streets it is common to see shops with names such as "His Lord's Hair Salon" or "Almighty Stationery Supplies."

During my last week in Ghana, Nana Mainoo was also able to take me to the cities of Cape Coast and Accra, on the southern coast of Ghana. Ghana has a deep history in the colonial slave trade, and it is a very eye-opening experience to see some of the slave forts and castles in the area. Kakum

National Park also provides breathtaking savanna scenery as you walk on rope bridge canopies at dizzying heights over the rain forest.

I would definitely relish another opportunity to go back and see more of Ghana and its people. On the whole, people are very colourful and vibrant. I would definitely recommend taking a trip to Ghana, as it is quite a safe and stable country. But if going, be prepared to come back with less worries, a big tan, several pounds heavier (from all the food people feed you), and with an experience you won't forget!



Some advice!

- Snap your fingers after every hand-shake
- Try not to be alarmed by any strange or loud sounds people might make
- Swallow your Fufu whole, don't chew it!
- Watch out for malaria
- Foreigners are jokingly called "bruni"

Trevor Toy
4th Year, University of Alberta

Hello, I am Nana Mainoo, the SEO (Student Exchange Officer) and CP of the Ghana Pharmaceutical Student's Association. Just recently, I had the opportunity to host a Canadian from the University of Alberta, Trevor Toy, and it was nice having him in Ghana.

I want to talk about pharmacy in my country. Here, the course is 4 years after which you do 1 year internship and then you write your professional exams to get your license to practice in Ghana. Without a license a community pharmacy cannot be opened and only one shop can be registered with a license. This means that every pharmacist gets to register one shop. If you want to own more shops you need to use another pharmacist's license.

We have a lot of community pharmacist and a few clinical pharmacists as well. There aren't too many manufacturing companies here in Ghana and the ones available are more involved in OTCs. No generic drug company are here in Ghana. Pharmacists in Ghana get a lot of money compared to other health professionals though the doctors get higher salaries than pharmacists due to the community shops they work in to make additional money.

Ghana has yet to get an insurance system and it has just begun in some parts of the country. Health insurance will soon be fully implemented but until now people have to pay for the full cost of drugs. In all, I think pharmacy in Ghana is great. Thanks,

Nana Mainoo





For Your Information

You are cordially invited to:

www.worldmaps2005.org

The first **World Medicine and Pharmacy Students' Symposium** will be held from November 7th – 12th 2005 in Malta. This is a joint initiative of IPSF, EPSA (European Pharmacy Student Federation), IFMSA (International Federation of Medicine Students Associations), and EMSA (European Medicine Students Association).

www.ipsf2006.org

The website of the **2006 IPSF Conference** is now up and waiting for you to check it out! The conference will be held in Cairns, north of Australia, from July 11th to 21st, 2006. There is also a Post-congress tour. Registration will start in January with early bird registration fees at 400 euros. For more information, contact your local IPSF representative or the national IPSF Liaison, Violaine Masson at: violaine.masson.1@ulaval.ca

A Personal Message:

I would like to gladly invite YOU ALL to next year's **Asia Pacific Pharmaceutical Symposium** which will be held here in our lovely city of Bandung in Indonesia! Held from June 4-10, 2006, it will be arranged by our organization HMF Ars Praeparandi ITB. There are many things for you to look forward to: the lovely tropical climate, the food (spicy, spicy, spicy!), the people...and not to mention, many great speakers and workshops about the wonderful world of pharmacy.

Registration starts in November 2005 at 250\$ U.S. We look forward to see you all in the South Pacific! You can find information regarding the symposium on our freshly made website, just a click away: www.apps2006.com.

Doti Parameswari
IPSF Liaison for Indonesia

Ratiopharm Reports on Consumer Perceptions

Ratiopharm CFP Report on Pharmacy Services was first released in 1997. Since then, Ratiopharm has conducted four more surveys and released the results of each. The most recent report investigates consumer perceptions of pharmacists in Canada.

The report summarizes data collection taken from a survey sample of 1,206 consumers (all 18 years and above). It also points to some surprises as well as disappointments with regard to the consumer perception of pharmacists.

On average, consumers visit a drug store 12 times per year. And, 43% of the time, they talk to the in-store pharmacist.

Ratiopharm states "(consumers) interact with a pharmacist about once every 2 months." So how important is this interaction in the mind of the consumer? 96% of the survey sample chose "knowledgeable pharmacist" as the #1 priority when deciding where to have a prescription filled.

Ranked

as #2 was "pharmacy has a list of all personal medications on file" and, a close #3, was "pharmacist and staff are friendly."

While many patients greatly value a relationship with their pharmacists, there are still many factors which lead them to shift their service to another pharmacy.

So what are the main reasons that consumers switch pharmacists? According to Ratiopharm, the number one reason is location. In fact, 49% of consumers surveyed indicated location as their main

reason for switching while 23% chose price as the deciding factor.

It is important to note, however, that when location was not to be considered a factor, 40% chose price. While pharma-

cists hope to see this number decline, the reality is, patients who can access conven-

ient transportation will search out the best prices for everyday medications.

Ratiopharm concludes that "The highest rates of switching (pharmacies) occur in Ontario, and amongst affluent Canadians." Also, "The most pharmacy-loyal consumers are older Canadians and those living in Atlantic Canada."

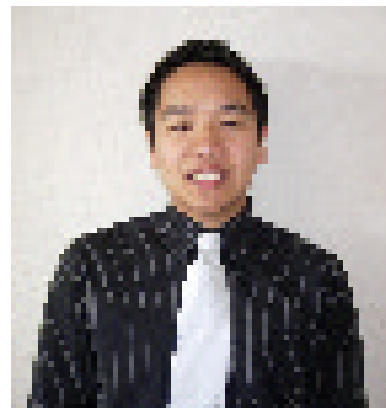
For more information regarding Ratiopharm, please visit their website at www.ratiopharm.ca or call 1-800-266-2584.

The members of the research team for the Ratiopharm Consumers' Perception of Pharmacy report are Project Managers Hao Nguyen, Barbara Pimentel, Ratiopharm Project Consultant Peter Zawadzki, and Consulting Art Direction Cary Westfall.

Megan Jackman
CAPSIL Rep
1st Year, Memorial University



10 Questions with a Recent Grad: Community Pharmacy with Carey Lai



1. When did you graduate and from what school?

Graduated in the spring of 2005 at the University of Manitoba

2. Where are you currently working?

Safeway Pharmacy – A community pharmacy

3. What did you expect the profession to be like pre-grad vs how you see it now, post-grad?

Before graduation, I always imagined Pharmacy would be a profession where I can help the public by preventing any medication errors and to ensure that everyone receives the most appropriate therapy. Now that I am in the profession, I realize how true this is. However, one must always remember that not every patient you see will have a “drug related problem.”

4. Where do you see yourself in 5 years?

Hopefully, I hope to see myself back in school. I have always loved the business side of pharmacy. I look forward to pursuing a master's degree in business administration.

5. Where do you see yourself in 15 years?

Hmmm.....that's a long time to think about. However, I hope to manage a community pharmacy one day.

6. How does your workload now compare to workload while in school?

The workload now is completely different compared to the workload in school...even though you may attend classes from 9-5pm (assuming you do not skip any classes...), this does not mean your day ends there. There are numerous hours you have to dedicate to studying, completing projects, working on pharmaceutical care plans...and so on and so forth. In the working world, no matter how busy you get, once the shift is over your workload is done. One of the biggest shocks for me is when I realized how much free time I have once I am done my shift.

7. How about the stress level now compared to during school?

Stress levels are definitely higher when you are in school. For any pharmacy students, the highest levels of stress occur when you are preparing for the OSCE and PEBC's. Once you find out that you have passed these exams, the stress level drops down to an all-time low.

8. What have you found to be some pros and cons of community practice?

Pros:

- You get to interact with many different patients throughout the day
- You can truly provide lifelong care for some of your patients.
- Being the most readily available healthcare professional, many people come to you for advice
- Wage and benefits are great

Cons:

- Customer service is key in a community pharmacy
- Dealing with insurance plans
- Less opportunities to utilize your clinical knowledge

9. Where do you see the profession moving towards?

With our aging population, pharmacy is going to play a key role in providing primary care. Currently, an average senior citizen takes between 4-5 medications/day. This number will only increase with time. As the medication experts, pharmacist will ultimately protect the public from harmful drug interactions.

10. Any advice for us poor, stressed-out students?

You may be poor and stressed-out now....but it is all worth it at the end. One thing that is very important to keep in mind is that even though 4 years may seem like a long period of time, enjoy every second of it. School is not only a place where you train to become a pharmacist, it is also a place you will develop life long friendships. Do not let opportunities pass you by because you do not want to regret anything once everything is all said and done. Life is different when you become a pharmacist. There will not be anyone else checking your work and many lives are entrusted in your care.

For the graduating class: the PEBC's and the OSCE's are not that bad. The exams are there to ensure that you know “enough” to become a pharmacist. The real learning begins when you come out into practice. Believe me...if I can do it...you can too!

Pharmacy: An Olympic Challenge!



**PDW 2006
Montreal
Jan 18-22**

What's in Store...

Wednesday, January 18th

All day Arrival and registration
18h00 Opening Banquet

Thursday, January 19th

7h30 – 9h00 Breakfast
9h30 – 10h45 Keynote Speaker
10h45 – 11h00 Break
11h00 – 12h00 Conference
12h00 – 13h30 Lunch
13h00 – 16h00 Pharmaceutical
companies guided visits
13h30 – 14h30 Conference
14h30 – 14h45 Break
14h45 – 15h45 Conference
15h45 – 16h00 Break
16h00 – 17h30 Pharmafacts Bowl
18h00 – 21h30 Free time for dinner
21h30 -- Altitude 737 evening

Friday, January 20th

7h30 – 9h00 Breakfast
8h30 – 13h00 Health Fair
9h30 – 12h30 CAPSI elections

10h00 – 16h00 CAPSI contests
12h00 – 13h00 Lunch
13h00 – 14h00 Conference : Jean-
François Bussi res
14h00 – 14h15 Break
14h15 – 16h15 Panel Conference
16h15 – 17h00 Free time
17h00 – 20h00 «Trends and Traditions»
Happy Hour
21h30 -- Disco Night at the Medley

Saturday, January 21st

7h30 – 9h30 Breakfast
9h30 – 11h30 Motivational Speaker
11h30 – 13h00 Free time for lunch
13h00 – 16h00 CAPSI Annual General
Meeting
16h00 – 17h00 Auction
17h00 – 19h00 Free time
19h00 – 22h00 Closing banquet
22h00 -- Closing party and dance

Sunday, January 22nd

Delegates' departure