CANADIAN ASSOCIATION OF PHARMACY STUDENTS AND INTERNS LETTERS

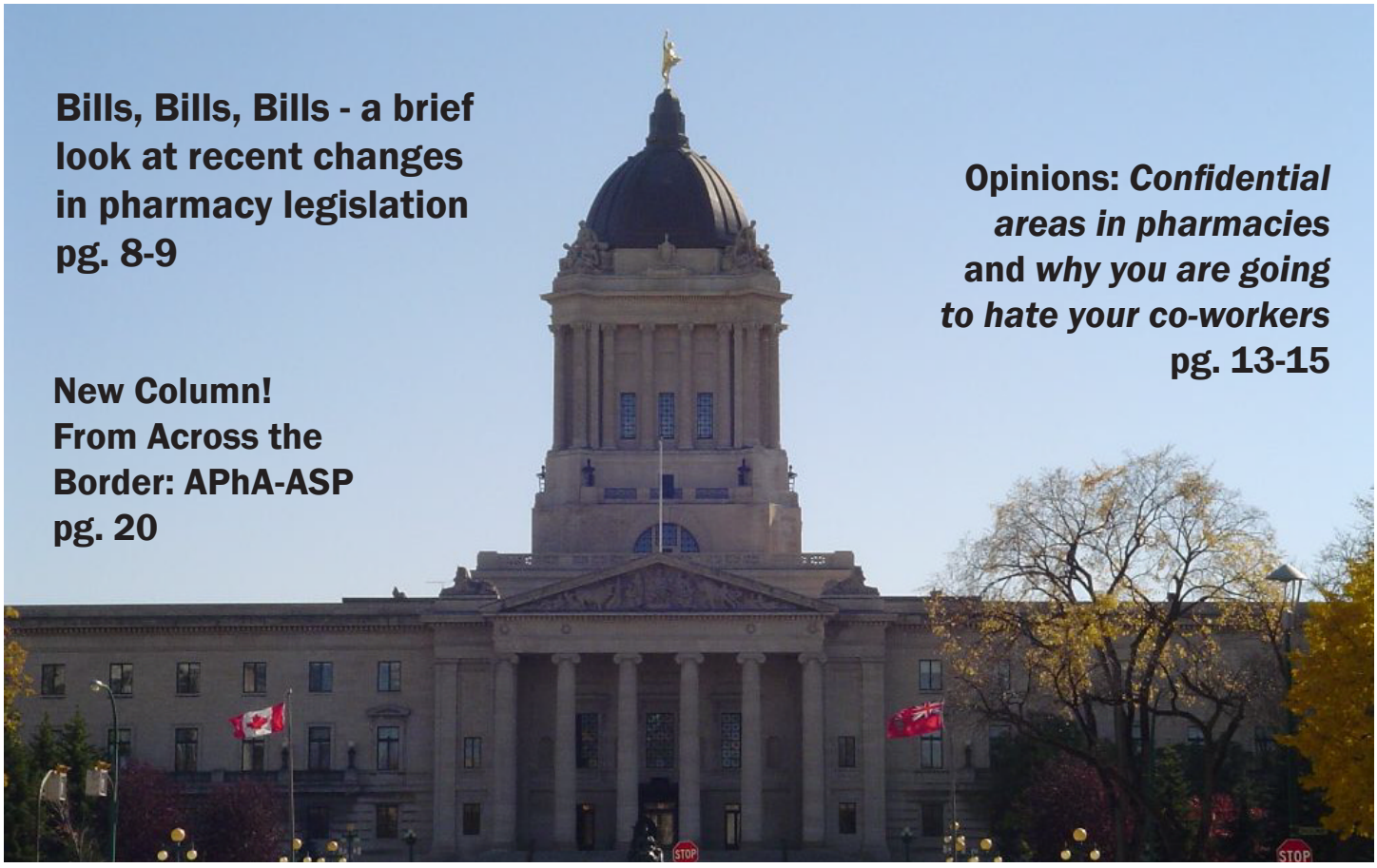
CAPSIL - JACEIP

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

Fall 2006

Embracing Diversity: Putting the Pieces Together

PDW 2007 Winnipeg is Waiting to Host You pg. 6



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CAPSIL

is published three (3) times a year by the Canadian Association of Pharmacy Students and Interns (CAPSI) as a service for its members.

CAPSI is a national student organization that promotes and represents the interests of Canadian pharmacy students. Visit: www.capsi.ca for more information about CAPSI and to view a French version of the CAPSIL.

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 rep for more information about CAPSIL and how to contribute.

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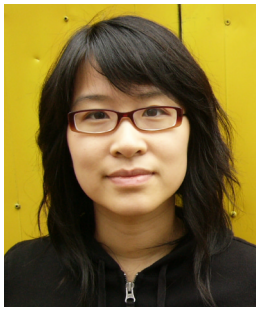
Change Will Do You Good



By Cynthia Lui
CAPSIL Editor
3rd Year, University of Manitoba

Change is a common theme in this issue of the CAPSIL. Considering the state of affairs in the pharmacy world, it was impossible not to. Changes are occurring in legislation and in individual perceptions -it was a quite a busy summer for everyone.

This spring/summer saw many changes on the legislative level. Three major bills across Canada were considered, and some passed, that will deeply impact the future of pharmacy. Alberta has granted its pharmacists the right to prescribe and Manitoba is on its way to do the same (pg. 9). Ontario pharmacists ran into some major issues surrounding Bill 102, a bill intended to increase transparency in their provincial drug benefits program and to give pharmacists greater recognition for cognitive services, but whose changes to professional allowances and drug product mark ups may cause the eventual closing of many pharmacies (pg. 8).

While change at the government level are already on their way, other pharmacy groups are further preparing for future changes to the role of the pharmacist. Two initiatives, "Moving Forward: Pharmacy Human Resources for the Future" Study and "Blueprint for Action", are described on page 12 and are also indications that pharmacists are getting ready for major changes to the profession. Change, for better or for worse, is inevitable.

We, as pharmacy students, truly are at an empowering and pivotal point in pharmacy history. Changes in laws and the creation of strategies to enhance pharmacists' roles, while major first steps, are simply words on paper if there aren't people ready to act on them. The first step is to change individual perceptions. It is imperative that pharmacists first realize their potential before we can convince and show others. Some students already have.

In our feature, "How I Spent my Summer Vacation" (pg. 17-19) and in the "International Pharmacy" section (pg 21-22) pharmacy students write about their unique experiences outside of the traditional view of the pharmacist in the retail setting and their realization that pharmacists do so much more than they thought. Three students went abroad to experience a different side to pharmacy, while two others realized the potential of pharmacists working in the summer at their local hospital. And I'm glad that they decided to share their experiences, because it definitely opened my eyes to what opportunities are available to us, and I'm sure you will too.

Other places you'll see change? The CAPSIL layout. New fonts, a new format and a few new columns including one from our American counterpart, the American Pharmacists Association Academy of Student Pharmacists (APhA-ASP). The CAPSIL contest has increased it's monetary prize by 100%, from $25 to $50. And there are new incentives for CAPSIL article contributors too (see pg. 23 for details). There's no better time than now to contribute to CAPSIL. Email me or speak to your CAPSIL rep for more information. I look forward to hearing from you!

Deadline for CAPSIL Winter Issue: January 5th, 2006.

Send submissions to:
cynthialui@gmail.com or contact your local CAPSIL rep

A New Beginning

By Mattias Berg
CAPSI National President
4th Year, University of BC

This September marks a new beginning for the class of 2010. Welcome to the beginning of an incredibly rich and rewarding profession! To all the returning students, welcome back and congratulations on being one step closer to the completion of your degree and the start of your career! As nearly 4000 Pharmacy students across Canada descend on their Universities for another year of school, the Canadian Association of Pharmacy Students and Interns is working hard to ensure that this year will be one to remember.

As an organization, CAPSI strives to prepare Canadian Pharmacy students as future healthcare professionals by providing guidance and educational initiatives to all of its members. As part of this objective, we have prepared a series of engaging and challenging competitions including the Compounding Competition sponsored by Medisca, the Patient Interview Competition sponsored by AstraZeneca, the OTC Counselling Competition sponsored by Wyeth, and the Student Literary Challenge. Members are also invited to participate in CAPSI's educational outreach initiatives such as the new ratiopharm handwashing program that is aimed at educating elementary school children about the importance of proper handwashing technique and hygiene. These innovative programs provide Pharmacy students with an opportunity to showcase their professional talents and I would encourage all of you to participate!

Regardless of whether you have been involved in student organizations before, I would encourage all of you to take an active role within your profession. Although I am clearly biased, it is my humble opinion that there is no better way to achieve this goal than through CAPSI. CAPSI represents the voice of the Canadian pharmacy student and is constantly working together with other key stakeholders such as the Canadian Pharmacists Association (CPhA), the Canadian Society of Hospital Pharmacists (CSHP), and the many provincial pharmacy organizations to shape the future of our profession. However, we need your help in order to ensure that we are indeed acting on behalf of our members! Whether it be on the local or national level, all members are invited to voice their views and opinions by submitting articles to the CAPSIL, by participating within CAPSI's many symposia, or by posting your thoughts on CAPSI's national online forum.

As a CAPSI member, you are automatically a member of our partner organizations including the International Pharmaceutical Students' Federation (ISPF) and the New Health Professionals Network (NHPN). Accordingly, all members are invited to participate in the various activities and programs of these organizations such as IPSF Student Exchange Program and the NHPN Summit.

Another benefit of CAPSI membership is the ability to attend our annual national conference known as Professional Development Week (PDW) which not only provides Canadian pharmacy students with several educational and social activities, but also the opportunity to meet and network with their future colleagues. Furthermore, PDW provides CAPSI members with the ability to take part in CAPSI National elections! This year's conference will be held in Winnipeg, where a dedicated group of University of Manitoba Pharmacy students have devoted three long years to the organization and execution of this incredible event.

If you have any questions about CAPSI or any of our programs, please feel free to visit our national website at **www.capsi.ca.** On that note, I would like to wish you all the best in the coming year and I look forward to seeing you in Winnipeg!

CAPSI would like to Thank the following Sponsors for their Support

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Silver Club ($1250-$1749)

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Rite Aid
Safeway Pharmacy

Meet Your CAPSI National Council 2006-2007

National Council:

University of British-Columbia:
Lisa Bui (Sr.) & Fiona Huang (Jr.)
University of Alberta:
Judi Lee (Sr.) & Mark Percy (Jr.)
University of Saskatchewan:
Jamil Ramji (Sr.) &
Kristjana Gudmundson (Jr)

University of Manitoba:
Glen Pauch (Sr.) & TBA (Jr.)
University of Toronto:
Alexandra Marcil (Sr.) &
Marie-Helene Irvine (Jr.)
Université de Montréal:
Francis St.-James (Sr.) &
Michel Najm (Jr.)

Université Laval:
Dominique Boivin (Sr.) &
Jonathan Therrien (Jr.)
Dalhousie University:
Colleen Johnston (Sr.) &
Megan Poole (Jr.)
Memorial University of Newfoundland:
Fauz Malik (Sr.) & Jennifer Goulding (Jr.)

Executive Council:

The newly elected National Executive Council of CAPSI 06/07 met for the first time at the CPhA Conference in Edmonton in June 2006. Over the summer, they've been busy getting things ready for the Fall. The following is a summary of each council member's activities to date. For complete position descriptions and to contact Executive and National Council members, please visit the CAPSI website at www.capsi.ca. (This is also where you can see what they look like).

President-Elect: Omolayo Famuyide

My election into office has been a busy one to date to say the least. The summer months involved my attendance at the New Health Professionals Network Summit and the Blueprint for Action meeting, an action plan involving pharmacy stakeholders to see where we would like drive the profession. In early October I also attended the National Advisory Committee for the "Moving Forward: Pharmacy Human Resources for the Future *(see page 12)*.

Presently, along with the President, we are working with the COMPRIS group from the University of Alberta on updating CAPSI's Interview Tool and Guide to allow students to practice and apply pharmaceutical care principles they are taught in school. As chair of the Website Committee, we are currently working on increasing the educational content of the CAPSI website. Visit www.capsi.ca to stay tuned to see what the Association to doing for you!

Past-President: Adam Somers

The past few months I have been settling in to my working life as a pharmacist at a Shoppers Drug Mart in Atholville, New Brunswick. It has been an adjustment but it is going well. It just reinforces that you have to make the most of your school years because they will soon be behind you. I have been advising many of the executive council members and presenting historical evidence in council discussions. I have also been working on CAPSI's position paper on pharmacy technicians using the data from last year's symposium. I will continue to advise and assist the council in anyway possible as we prepare for PDW 2007 in Winnipeg, Manitoba!

VP Education: Derek Lee

This past summer, I have been involved in coordinating multiple projects in preparation for the many educational events that are available to you as students and CAPSI members. I have been busy researching and creating the cases for the Patient Interview and Over-the-counter Competitions as well as preparing discussion topics and questions for the upcoming fall symposium on Pharmacist Prescribing Rights. The symposium will be a great way to listen and participate in discussions regarding the future of our profession so I encourage you all to attend. Other activities have included working with representatives from Medisca and ratiopharm to prepare the Compounding Competition and "Operation: Wash Up" presentations respectively for the upcoming term and looking into the possibility of forming a national PEBC/OSCE board exam study guide.

VP Inter-Disciplinary Affairs: Sheldon Baines

After the CPhA conference, I attended the New Health Professionals Network (NHPN) Summit in Ottawa to discuss the future of health care in Canada with a plethora of other prospective health care professionals. We were introduced to a unique perspective on the possible perils of privatized health care from a physician practicing in the United States and had the great fortune to meet honorees at the Tommy Douglas Celebration of Medicare Awards where exceptional and innovative inter-professional practices within the current health care system were recognized. The majority of my efforts have focused on fostering relations with other professional organizations to help enlighten them to the role pharmacists have to play as a vital member of the health care team.

I have been actively involved with my local HSSA (Health Sciences Students' Association) chapter as well as on the National level as a member of the Advisory Council for the NaHSSA. I have been eager to see the beginnings of an HSSA chapter establishing in Manitoba -with the ultimate vision being an interprofessional student organization at every University with a Pharmacy faculty in Canada. Although not officially part of my portfolio, I also chaired a committee of my colleagues to flush out the details of the new "CAPSI/Wyeth - Guy Genest Passion for Pharmacy Award" *(see page 7)*.

VP Communications: Jolanta Piszczek

As Vice President of Communications, I have always been drawn to meeting new people and experiencing first hand what the profession of pharmacy has to offer -two attributes that are very important to this position. I am thrilled to implement the Apotex iPharmacist program, allowing all CAPSI members the opportunity to own a "peripheral brain" at half the cost. Additionally, I have been hard at work contacting various pharmaceutical companies to obtain sponsorship for the various fantastic contests such as the Student Literary Challenge. I look forward to meeting many of you at PDW!

Executive Secretary: Sandy Cheng

Since the CPhA Conference in June, I have been coordinating the CAPSI Membership Drive with all of the senior reps from each Pharmacy school. This year, we are trying to collect all of our members' email addresses so that we can keep our members connected through CAPSI email updates. I have also completed the CPhA 2006 Meeting Minutes which are now posted on the CAPSI website for everyone's viewing (www.capsi.ca). Other activities include designing CAPSI stationary, and responding to the countless emails I receive everyday! That's because CAPSI is always working hard for the pharmacy students in Canada, from liaising with organizations such as the CSHP (Canadian Society of Hospital Pharmacists) to provide more mentorship programs, to working with Big Pharma to bring more sponsorship for your local competitions and symposia. On that note, I'd like to mention that CAPSI National Elections are coming up, and I encourage everyone to take this opportunity to participate in this wonderful association and play a part in shaping the future of pharmacy.

Finance Officer: Bruce Liao

As Finance Officer, it is my responsibility to manage the financial side of CAPSI. Our fiscal year ended a while ago in March, and I have been busy taking care of the review of engagement with an accountant based out of Calgary, Alberta. I have been reimbursing CAPSI National council members with the appropriate costs, such as for attending meetings, administration costs and so forth. CAPSI is a non-profit organization and our sources of revenue are based on member fees (Thank you All!), company sponsorship and CAPSI agenda advertisement sales. I will be reviewing the CAPSI budget a little later this semester to make adjustments. It is my duty to make sure everything is accountable in the CAPSI bank account.

CAPSIL Editor: Cynthia Lui

You, the reader, are pretty much holding onto the bulk of my toilings to date. My responsibilities include guiding local CAPSIL reps with their articles (via email), collecting articles (via email) and enforcing deadlines (via email) -in short, I live in my inbox. I am also responsible for editing articles, putting together the layout of the CAPSIL, and coordinating the printing of the CAPSIL. Over the summer I have been busy securing a translator for CAPSI and am proud to introduce Marie-Therese Wera as the official translator for CAPSI. I am also very excited to be working with the local CAPSIL reps who have put up with my extensively long and frequent emails (and it's only just begun) and have produced wonderful articles that I am happy to be sharing with all of you. Enjoy!

IPSF Liaison: Hillary Adams

Pop quiz: What do Bungee Jumping, the Great Barrier Reef and 300 students from 40 different countries have to do with Pharmacy?

Answer: The IPSF World Congress, held in Australia this summer that was attended by pharmacy students from all over the world. The days were filled with meetings and the evenings were jam-packed with social activities such as bungee jumping, International Night (the most interesting Talent Show you will ever see), the Development Fund auction and finally, the Gala Ball.

As IPSF Liaison for the 2006/07 school year, I was fortunate enough to attend the IPSF World Congress and spend a few days touring around Australia. While I was "down-under" I participated in a 3-day leadership training course, as well as the 10-day global congress. This congress has definitely opened my eyes to all the work that IPSF does around the world, and I am looking forward to working with the local reps and promoting the Federation in Canada this year.

Student Exchange Officer (SEO): Violaine Masson

First off, I would like to congratulate Hillary Adams, last year's SEO and this year's IPSF Liaison, who won the prize of "Best Questions in General Assembly", given by the IPSF President at the IPSF World Congress we attended this summer in Australia. I was also elected as the Development Fund Coordinator of IPSF, the sub-committee responsible for coordinating the participation of students from developing nations in IPSF activities.

This was a bit of a difficult year for the Student Exchange Program. Despite sending many students abroad, we managed to get only 2 students to come to Canada. However, we did have positive responses from the few students we hosted. Going to the IPSF Conference gave us some new ideas and a plan that I will try to implement. We plan to encourage students desiring to participate in the SEP to help find a host site in Canada. On our part, we will be updating the IPSF section of the CAPSI website regularly and advertise to pharmacists the benefits of hosting an international pharmacy student. This year, I will guarantee a placement to students who find a host (place of internship) for an incoming international student.

CAPSI Webmaster: Sophon Chhin

Visit: www.capsi.ca

Faculty Profile: Dalhousie University

Application Year	2006	2005	2004
Number of Applicants	620	647	578
Number Admitted	90	91	89
Interviews (based on marks in prerequisite courses)	200	200	200
# of Non-Maritime Students (max 10%)	9 (10%)	8 (8.8%)	5 (5.6%)

Faculty Profile: University of Toronto

Application Year	2006	2005	2004
Number of Applicants	1903	1654	1204
Number Admitted	239	240	197
Avg. cumulative univ %	81.4%	81.3%	80.6%
# of out of province students (max= 14)	17 (7.1%)	18 (7.5%)	3 (1.5%)
Number of International Students	1	1	1

Embracing Diversity in Friendly Manitoba

By Adrienne Dufour & Cheryl Shaver
PDW 2007 Planning Committe Chair & Vice Chair
4th Year, University of Manitoba

The University of Manitoba's Faculty of Pharmacy has the privilege of hosting Professional Development Week, January 17-21, 2007. This annual national student conference is open to members of the Canadian Association of Pharmacy Students and Interns (CAPSI) and promises to be the most exciting and educational in PDW history!

Up to 900 students from across the country will have the opportunity to explore the profession of pharmacy with the conference theme *Embracing Diversity: Putting the Pieces Together.* The educational portion of it will include talented and dynamic speakers who are experts and leaders in a wide range of fields including economics, business, microbiology, forensics and hospital & community practice. Opening the conference will be Keynote Speaker, Myrella Roy, who currently serves as the Executive Director of the Canadian Society of Hospital Pharmacists and will speak on her experiences with Pharmacists Without Borders. Closing the conference as a Motivational Speaker will be Stephen Lewis - UN Special Envoy for HIV/AIDS in Africa.

Embracing Diversity: PDW 2007 PUTTING THE PIECES TOGETHER

Aside from the great line-up of speakers, students can also participate in several competitions including compounding, patient interviews, the literary challenge and, the crowd favourite, Pharmafacts Bowl. You won't want to miss any of the evening events, including a Mardi Gras-themed Opening Banquet, a Winter Wonderland-themed Closing Banquet and a traditional "Manitoba Social" some time in between (if you don't know what it is, you'll have to come see for yourself!).

The PDW 2007 Planning Committee is looking forward to January 2007 and hosting this conference with the spirit and hospitality Manitoba is known for! For more information please contact pdw2007@hotmail.com or visit our website at www.pdw2007.umphsa.ca. We look forward to seeing you in January!

Call for Elections: CAPSI Executive 2007-2008

CAPSI National is now accepting applications for the following Executive Council positions for the 2007-2008 year:

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

When?
Elections for the CAPSI Executive Council will be held on **Friday, January 19th, 2007 at PDW 2007 in Winnipeg, Manitoba.** Interested candidates are encouraged to consult the summary of portfolio descriptions detailed from pages 34 to 46 of the 2006-2007 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. Check out the website at **www.capsi.ca** for the e-mail addresses of current council members. Alternatively, you may contact the Executive Secretary, Sandy Cheng, at secretary@capsi.ca 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 Representative);
- 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 speech 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, 2006.** Each candidate must e-mail the Executive Secretary at **secretary@capsi.ca** once the candidate has mailed off the required materials.
The **deadline for these submissions will be 24 hours prior to the Election Proceedings at PDW 2007 in Winnipeg, Manitoba (Thursday, January 18th, 2007 at 2400 hrs).** No late submissions will be accepted.

Please mail all required materials to:

Sandy Cheng
1316 East 54th Avenue
Vancouver BC
V5X 1M2

Participating on your CAPSI Executive Council allows you the opportunity to represent students from all nine faculties of pharmacy across Canada, while participating in opportunities that impact the profession of pharmacy. Take part in shaping the profession you have chosen by participating on your CAPSI National Executive Council.

If you have any questions, please do not hesitate to contact your local CAPSI Senior or Junior Representative; or you many also contact the Executive Secretary. Good Luck!

The CAPSI/Wyeth - Guy Genest Passion for Pharmacy Award

By Sheldon Baines
VP Interdisciplinary Affairs
3rd Year, MUN

At PDW this past year, CAPSI had the great pleasure of announcing a new award in honour of one of its most ardent supporters, Guy Genest. Mr. Genest is one of only a handful of individuals to have earned an Honourary Lifetime Membership in our fine organization and his commitment and dedication has not since faltered. His incredibly passionate and unwavering support of Pharmacy students and interdisciplinary healthcare practices has solidified his stature as one of the greatest friends that Canadian Pharmacy students have ever had. It is for all of his public work, and even more importantly, all of his efforts behind the scenes, that CAPSI has partnered with Wyeth Consumer Healthcare to create the "CAPSI/Wyeth - Guy Genest Passion for Pharmacy Award." With Mr. Genest's recent re-retirement, the timing seemed ideal to establish this award to help ensure his name continues to ring through the halls of our respective schools; and that the many great things he has done for us and our predecessors will be remembered long after we are all gone!

Guy's enthusiasm and passion are electric and we feel these qualities in particular embody his personality. Following that theme, this award is designed to recognize a student from each Faculty of Pharmacy across the country that has displayed exceptional Passion for the Profession. This passion may be demonstrated in any number of ways, including:

- Engagement in professional pharmacy related activities (ie. PAW, PDW etc.)
- Active involvement in professional organizations
- Initiatives to advance the profession of pharmacy (ie. interdisciplinary work - promoting/increasing awareness of the role of the pharmacist as an important member of the health care team)
- Organization/participation in community/university outreach efforts
- Volunteer experiences within the faculty or other pharmacy related settings
- Exceptional research involvement

These are only examples of what may constitute as 'passion' for the profession and is by no means intended to be an all inclusive list. Any other activities or characteristics you believe may exhibit dedication to, and passion for, the profession of pharmacy will be duly considered.

I am only sad that future students may not have the opportunity to meet and have their lives touched by Mr. Genest's extraordinary presence. Such an experience would be worth far more than any prize we could ever hope to establish. Failing this, the annual $500 award is intended to ensure Guy's spirit and principles are showcased on a yearly basis, and that the recipients are provided with the opportunity to attend PDW; an event which truly exemplifies the potential of our profession and one that Guy has been a great proponent of. One seat from each school will be reserved for each local winner and recipients will be officially recognized on our national platform.

Guy Genest, showing his playful side, with Dr. Linda Hensman, Dean of Faculty of Pharmacy, Memorial, at a student industrial trip.

If you are interested in applying, or know of an ideal candidate that you would like to nominate, please see your local CAPSI Senior or Junior for further details. Alternatively, I can be reached directly at **vpinterd@capsi.ca.** I look forward to meeting all of you at PDW, but until then…
Take Care & Good Luck!

Keep your eyes peeled for Fall CAPSI Events!

Competitions: **Compounding Competition**
Patient Interview Competition
Over-the-Counter Competition
Student Literary Challenge

Fall Symposium: Pharmacist's Prescribing Rights

With the recent developments of limited prescribing rights granted to pharmacists in Alberta, it is a sign that the profession of pharmacy is moving forward, in Alberta at least, so is this true for the province in which you plan to practice in?
Pharmacist prescribing rights is definitely a controversial topic and has it's supporters and opponents. It is important for pharmacy students to be aware of the issues surrounding prescribing rights in Alberta to discuss and defend the advantages of increased pharmacist involvement in patient care. **Attend your local symposium to get educated and speak out.**

Contact your local CAPSI representatives for more information about these and other local CAPSI events.

Bills, Bills, Bills

By Cynthia Lui
CAPSIL Editor
3rd Year, University of Manitoba

Definitions:
Bill - A proposed law submitted to Parliament for its approval. It may originate either with the Government, with a private Member or from a committee, and may related either to public or private interests.
House - (initial capital letter) the body itself, esp. of a bicameral legislature: the House of Representatives.

How a Bill Becomes Law

Ontario

Bill 102: The Transparent Drug System for Patients Act - An act to amend the Drug Interchangeability and Dispensing Fee Act and the Ontario Drug Benefit Act.

Stage: Received Royal Assent on June 20, 2006. Main sections effective October 1, 2006; some components deferred to April 1, 2007.

Goal: The Ontario Government plans to save up to $277 million per year through volume discounts for all drugs purchased for the Ontario Drug Benefit Program (drug coverage for seniors, social assistance and provincial disability support); improve patient access to new drugs; strengthen transparency in drug listing decisions; recognizing and paying pharmacists for enhanced patient counseling and other professional services; creation of new Pharmacy Council.

Content: Dispensing fee increase; professional allowance in public sector capped at 20% of total generic drug costs reimbursed; new code of conduct; drug benefit price of generic products listed in ODB formulary price no more than 50% of comparator; creation of Executive Officer position for Ontario public drug program and much more.

View: http://www.ontla.on.ca/documents/Bills/38_Parliament/session2/b102ra_e.htm

What's next: Implementation of the new Act and addressing the components deferred to April 1, 2007 including the decrease in markup on drug benefit price and payment for pharmacy professional services.

Supported by: Ontario Medical Association, Registered Nurses' Association of Ontario, Canadian Generic Pharmaceutical Association

Questioned by (prior to amendments at Committee Stage): Ontario Pharmacists Association, Canadian Pharmacists' Association, U of T Undergraduate Society, Coalition of Ontario Pharmacy.

See CAPSIL Winter Issue for a Full Report on Bill 102: The initial concerns and the current issues.

Everything Starts with an IDEA

Pre-legislative Stage:
The drafting of a Bill outside of public and opposition eyes

Notice:
The notice of bills introduction announced in Notice Papers one day prior to First Reading.

Introduction & First Reading:
The sponsor of the Bill moves that the Bill be read for the first time, and is explained. No debate or amendments made.

Second Reading:
The bill is debated, then accepted or rejected. Adoption of the bill at this stage means the Legislative Assembly approves the principle of the Bill.

Committee Stage:
A Standing or Special Committee is formed to examine the Bill more closely (members from both sides of the House), The public has the opportunity to submit their concerns about the Bill. The committee considers the bill clause-by-clause and amendments can be made.

Concurrance & Third Reading:
The Bill is still debatable and amendments proposed, but usually are brief. It may be propose that the House apply a 6-month hoist to the Bill or refer the Bill back to Committee. Adoption of Concurrence and Third Reading motion signals the passage of a Bill.

Royal Assent:
To officially become law, a Bill that passes all stages in the House must receive Royal Assent from the Lieutenant Governor.

Manitoba

Bill 41: The Pharmaceutical Act

Stage: About to enter Third Reading

Goal: To replace the old Pharmaceutical Act of 1992.

Content: Pharmacists expanded scope of practice, to include prescribing, administering certain drugs and interpretation and ordering of certain tests; new categories of pharmacists licensing; public pharmacists profiles; duty imposed to report other pharmacists who are unable to practice safely; increase in maximum fines, etc.

View: http://web2.gov.mb.ca/bills/sess/b041e.php

What's next: The passing of Bill and royal assent of the Bill; the creation of regulations, by-laws, code of ethics, standards of practice.

Supported by: Manitoba Government, Manitoba Pharmaceutical Association

Questioned by: Certain independent groups of Manitoba pharmacists.

Alberta

The Pharmacy and Drug Act -a subsection of the Health Professions Act

Stage: Health Professions Act was passed in May 2006. The Pharmacists Profession Regulation to the Pharmacy and Drug Act were just approved by cabinet October 12, 2006.

Goal: To unify all the 30 self-governing health professions under one regulatory act.

Content - Pharmacists Profession Regulation: Pharmacists expanded scope of practice to include prescribing Schedule 1 drugs and blood products in the cases of adapting an existing prescription or when it is not possible for a patient to obtain a prescription (pharmacists will be required to complete an orientation and be registered on the clinical register).

View:http://www.gov.ab.ca/home/Orders_in_Council/2006/506/2006_246.html

What's next: Approval of the Standard of Practice and the Standards of Pharmacy Operations by Council; creation of orientation program to outline requirements to be met by pharmacists in order to initiate new Schedule 1 drug therapies (aim: 2007).

Supported by: Alberta Government, Alberta College of Pharmacists,

Questioned by: Alberta Medical Association

Adapted from: The Legislative Assembly of Manitoba and the Ontario Legislative Library: http://www.gov.mb.ca/hansard/bills/index.html
http://www.ontla.on.ca/library/billsresources/govbill.pdf
References: www.health.gov.on.ca/english/public/legislation/drugs/hn_drugsact.html
CPhA: "Ontario Bill 102 A Preliminary Response", "CPhA Submission to the Social Policy Committee on Bill 102" May 2006.
OPA: Remarks by Marc Kealey, "Fixing Bill 102", May 30, 2006
ACP: ACP News Heads Up! July/August 2006.
MPhA: Notice to Manitoba Pharmacists October 11, 2006

Pharmacy and Drug Act in Alberta-The Land of Change

By Judi Lee
CAPSIL Rep
3rd Year, University of Alberta

Excitement was in the air this May in Wildrose Country. The Alberta College of Pharmacists (ACP), after years of policy writing, has managed to make headway with the Alberta Government. The Conservative cabinet, including Ralph Klein and his minister of Health and Wellness, Iris Evans, has been very supportive of the change. In the recent provincial election, a pharmacist in Edmonton was elected as an MLA. There is a wave of change. Amidst all this, the proposed, "Third Way" which introduced privatization of health care expenses of surgeries such as hip/knee replacements and cataract surgery was not passed; the ideas concerning increasing pharmacy's scope of practice remained. This cumulated on May 30, 2006.

The Alberta legislative cabinet approved the Pharmacy and Drug Act granting pharmacists a new scope of practice -the privilege to prescribe Schedule 1 drugs and to administer subcutaneous and intramuscular injections. In order to utilize these privileges pharmacists must complete orientations or ACP approved programs. Already, the Alberta Pharmacists' Association (RxA) is working on developing an injection program, allowing those pharmacists who choose to expand their scope to do so.

The specifics of prescribing are such that pharmacists may adapt prescriptions, which means altering the dosage, formulation, or regimen of a schedule 1 drug already prescribed, substituting for another drug if that drug gives a similar therapeutic effect as the originally prescribed drug, substituting a generic drug for the prescribed drug, renewing a prescription to dispense a schedule 1 drug or blood product in order to ensure continuity of care, or address an immediate need for drug therapy if it is not reasonably possible for the patient to see a health care professional to obtain the required prescription.

The model will be based on the British system where pharmacists more often practice in collaborative care environments. This regulation is only one step in the process of gaining prescribing rights. The regulation to the Pharmacy and Drug Act still need to be fully developed and approved for governing pharmacy operations and drug scheduling. As well, ACP will need to update their Code of Ethics and Standards of Practice as prescribing entails a whole host of ethical issues. Malpractice insurance is now a must for two million dollars a pharmacist.

The Alberta Medical Association (AMA) has given heat to ACP and RxA about the proposed new legislation, noting that doctors are forbidden to both dispense and prescribe drugs, except, of course, in the case of drug samples. The AMA has cited concerns over patient safety, proper diagnosis, liability and conflict of interest. The ACP intends to address these concerns with a strict set of guidelines and code of ethics and by granting only those pharmacists who show the competency and clear mind to prescribe. The end result show greater potential to in fact improve patient outcomes by dealing with issues of accessibility and safer drug therapy through greater influence by drug experts.

LAST MINUTE ADDITION:

The regulation to the Pharmacy and Drug Act has been approved by Cabinet on October 12, 2006. The regulation addresses pharmacy operations and drug scheduling, and complements the regulation to the Health Professions Act approved in May 2006. Now there is a 60 day consultation period in which feedback is taken into the formulation of the new standards for all pharmacists. Until the regulations to the Health Professions Act and the Pharmacy and Drug Act come into force, the current legislation and standards remain in effect.

Bill 41: A New Pharmaceutical Act for Manitoba

By Cynthia Lui
CAPSIL Editor
3rd Year, University of Manitoba

I woke up one morning some time this summer and the ever-rambunctious generic morning radio duo started their news segment with something like this: *Soon, you will be able to visit your neighbourhood pharmacy to get your medications prescribed and filled. The Manitoba government is currently working on legislation allowing pharmacists the right to prescribe medications. You will no longer have to wait months to visit your doctor!*

Of course, that is barely the half of it.

Bill 41: The Pharmaceutical Act, which closely resembles Alberta's new Pharmaceutical Act, was presented to the Manitoba Legislature in May 2006 and is slated to replace the old Act that has existed since 1992. The third and final reading of the bill is set to be presented after Legislature reconvenes on November 15th, 2006. Once the bill is adopted and receives Royal Assent, pharmacists can start prescribing anything they want to whomever they want…right? Not quite.

Making immense changes (especially with government) is a long and strenuous process. In fact, the Manitoba Pharmaceutical Association (MPhA) first consulted pharmacists about the direction of legislative and regulatory changes 5 years ago in 2001. Once the Bill passes and becomes an Act, the next (and more detailed and specific) task will be that of creating Regulations that complement the Act and, of course, creating by-laws, a Code of Ethics and Standards of Practice -all that fun jurisprudence stuff.

First things first, let's unravel the lawyer jargon a bit and figure out what exactly is described in the new Pharmaceutical Act and how it is enabling pharmacists to use their skills and expand their scope of practice.

The easy items first:

Administrative highlights:

- The legislative body "The Manitoba Pharmaceutical Association" will change its name to the "College of Pharmacists of Manitoba".
- Increased public representation on Council and most committees.

Continued on page 10...

Special Access Program: Inspiring Innovative Drug Research

By Jordan Kiat
CAPSIL Rep
3rd Year, University of Saskatchewan

It is not a myth that the pharmaceutical industry is a multi-million dollar industry with the major pharmaceutical companies vying for a piece of the pie, the eventual result being a number of comparably efficacious therapies designed to be slightly better than existing products. The industry has been the recipient of criticism regarding a barrage of "me too" drugs, those which show a strong resemblance to pre-existing brands, but with slight modifications and differences in treatment outcome. Larger profit margins and potential patent extensions for these new drugs gives companies more incentive to follow this route as opposed to investing R & D dollars into new chemical entities.

Fortunately, research into new drug therapies for life-threatening conditions is still prevalent despite a lack of assurance that the new drug will be approved for sale and distribution. Enter Health Canada's Special Access Programme (SAP). This program, in accordance with sections C.08.010 and C.08.011 of the Food and Drug Act, allows practitioners access to drugs that are unavailable for sale or distribution in Canada. This is not meant to replace the traditional process of submitting a Notice of Compliance to Health Canada once a drug product has proven marked safety and efficacy in clinical trials. Instead, the SAP allows access of these drugs to patients based on compassionate reasons regarding a serious or life-threatening illness, where traditional therapies are either not effective or not available.

On a patient-by-patient basis, SAP medications are requested by practitioners based on severity of disease and clinical response to existing drugs. Examples of conditions that would warrant a Special Access Request (SAR) include cancer, AIDS, epilepsy, lupus, and transplant rejection, as well as certain communicable disease outbreaks. Approved SAP drugs are continually updated in the Special Access Management System (SAMS) database and include pharmaceutical, radiopharmaceutical, and biologic products.

The Process

The treating practitioner is required to complete a Special Access Request (SAR) form on behalf of the patient, consisting of the intended use, indication, and quantity of the drug. Supporting testimony of prior treatments and medical literature is included in the request, while potential adverse effects and other risks must also be communicated to the patient. Health Canada then forwards the SAR to the drug's manufacturer, who is the primary bearer of authorization rights. Approval is in no way guaranteed, and may be contingent on certain restrictions placed on access by the manufacturer regarding quantities authorized, administration instructions, or shipping/payment information. Formal letters of approval are signed and forwarded to the SAP, who determines whether or not to authorize the SAR. Once approved, the treating practitioner is notified via facsimile, and the manufacturer is responsible for shipping the drug directly to an in-patient pharmacy or the practitioner's office. In altruistic fashion, manufacturers may waive the cost of the drug, but expenditures can be covered by any party involved, including the patient.

SAP's Relevance to Clinical Pharmacy Practice

For those of us wanting to pursue a career in clinical pharmacy, the existence of the Special Access Programme presents with a unique opportunity to work in conjunction with specialized practitioners, helping to formulate new potential standards of clinical drug therapy. First and second line therapies may not always work to curb the debilitating effects of a serious or life-threatening disease, and our knowledge as drug experts can aid practitioners in terms of determining the next best approach based on individual patient characteristics. This is not to say that the SAP should be utilized haphazardly. It is our obligation to work with practitioners in the hospital setting to optimize the use of existing medications, for they are proven to be as safe and efficacious as possible. Authorization of an SAR does not entail any guarantee of safety, efficacy, or superiority over conventional therapies; it merely gives the patient another treatment alternative if and when traditional courses of action have failed them.

Treatment of patients with SAP drugs will inevitably lead to greater specialization within the clinical pharmacy world, as pharmacists must apply a broad range of skills to a seemingly narrow scope of pathology. We will have to use our professional judgment in situations that are relatively unexplored, relying on literature (and interpretation of it) in order to guide proposed routes of therapy. It may seem a bit daunting to administer a medication that isn't found in the CPS, but if the risks appear to outweigh the benefits, the Special Access Program can prove to be an essential part of Canada's health care system. *(See pg 23 for references*

"Bill 41" continued...

Registration & Licensing of Pharmacists:

- Regulations may create different categories of pharmacist license - to better define those pharmacists not practicing in the standard community or hospital settings.

The fun stuff:

Expanded Scope of Practice:

- Pharmacists meeting the requirements of the regulations may have the ability to:
  - Prescribe certain drugs
  - Administer certain drugs
  - Interpret certain tests
  - Order certain tests

The specifics of which will be outlined in the regulations. It is likely that this section will be similar to the expanded scope of practice granted to pharmacists in Alberta. Pharmacists will likely be permitted to prescribe drugs in collaborative care settings, altering dosage, formulations or regimens for drugs that have been prescribed or renewing a prescription. The idea is not in any way to replace physicians, but to increase access to patients by utilizing the drug knowledge pharmacists are trained with to optimize drug therapies following diagnosis and initial therapy.

The above points only cover a small portion of the new Pharmaceutical Act. The bill can be view in its entirety here: **http://web2.gov.mb.ca/bills/sess/b041e.php.**

Changes to the Pharmaceutical Acts in Alberta and in Manitoba are signs of the times that the days of pharmacists count, licking and pouring are numbered. As future pharmacists, we should celebrating its death and welcoming the changes to come. *(See pg 23 for references).*

Smart Pills

By Celia Culley
3rd Year, University of Saskatchewan

Smart pills, brain steroids, memory enhancers… are these drugs the way of the future? Perhaps, but university students throughout Canada and the United States are already using them, even if the therapeutic use of "smart pills" is not yet in existence.

Donepezil (Aricept) is indicated by the FDA and Health Canada for Alzheimer's patients to enhance failing memory, but now college-age students are using it to cope with heavy workloads, particularly during times of exam studying and paper writing. Methylphenidate (Ritalin) and Amphetamine-Dextroamphetamine (Adderall), both Central Nervous System (CNS) stimulants that help patients with attention deficit hyperactivity disorder (ADHD), are other drugs that stressed-out students are relying on to pull "all-nighters."

CNS stimulants are indicated to help disruptive children concentrate and college students are manipulating that indication to help them focus on schoolwork for long periods of time. The ethical questions are already arising from this dangerous and controversial behaviour; the use of these compounds by healthy people is raising issues of fairness and competitiveness. Besides the ethical issues, there are many adverse drug reactions that can occur. These drugs require a prescription for a reason: they are not to be used by everyone. Pharmacists, as drug experts, must have an active voice in this issue.

Procrastination is a behaviour that is very familiar to all university students. Nearly all students can relate to the following situation: a professor assigned a ten-page essay two months ago, and though Student X meant to start early, suddenly he realizes the due date is tomorrow and has no idea where to begin. The stress kicks in as he frantically researches and types paragraphs that will surely not be proofread. Sleeping is certainly not an option for the stressed-out student, despite his drooping eyelids. For people not diagnosed with ADHD, a single dose of a CNS stimulant, such as Ritalin or Adderall, will increase mental alertness and decrease fatigue.

Struggling students attempting to cope with heavy workloads are the reason that illegal use of these prescription medications is on the rise. The anecdotal evidence, alone, on campuses around Canada and the US suggests reason for alarm, and the (mostly American) studies are confirming this as issue of concern. The Pittsburgh Tribune published an article stating that nearly a quarter of all college-age students have tried stimulants, such as Ritalin or Adderall, without prescriptions. Their source was Dr. Tim Wilens, a psychopharmacologist at Massachusetts General Hospital, who recently finished a research paper that cites a survey of undergraduates at Bates College in Lewiston, Maine, finding that 4% had abused amphetamine compounds, including Adderall, 7% Ritalin and 24% both. These findings are very alarming.

Another study, this time from the University of Wisconsin, found that 20 % of students with Adderall prescriptions had abused the drug themselves, or shared it with or sold it to others. Yet another study found interesting results comparing students to non-students: abuse of these drugs among college students was nearly twice that of non-students of the same age, according to the federally-funded "Monitoring the Future" study conducted by the University of Michigan.

> Healthy people are treating amphetamines, like Adderall and methylphenidate like they are a miricle study tool

Donepezil, an acetylcholinesterase inhibiter, is another drug that students are using to handle heavy workloads. It acts by increasing concentrations of acetylcholine that theoretically intensify the transmission between neurons. Students are hoping that the drug that can help improve memory of elderly patients could also help them in their studies.

Neurology journal published an article in July 2002 summarizing a study done by Stanford University and Case Western Reserve University researchers, Jerome Yesavage and Peter Whitehorse. They were curious to determine whether donepezil improves cognitive function in normal people. In their study, two groups of pilots were trained to operate a Cessna 172 flight simulator; one group then received a placebo, and the other group was given 5 mg of donepezil for 30 days. 5 mg is less than the common dose for Alzheimer's patients. Back in the simulator a full month after training, the researchers found that the group who had taken donepezil performed significantly better than the placebo group when placed in situations requiring complicated maneuvers. The prevalence of Aricept in university students is mostly anecdotal at this point, but research regarding this topic is accumulating.

The pharmacist's role in this issue is clear: healthy people are abusing drugs that are meant to be monitored. Some students are treating mixed-salt amphetamines, like Adderall, and methylphenidate like they are a miracle study tool. The adverse effects of these drugs can be severe. So severe in fact, that in February 2005, Health Canada suspended Adderall from Canadian pharmacy shelves due to sudden deaths, and heart-related deaths and strokes in children and adults taking routine doses of Adderall. The suspension was reviewed, and Adderall was reinstated in August 2005, but the fact remains that there are potential safety issues of this drug.

Illegal users of these drugs could suffer, not only from taking these medications for off-label uses, but also from adverse effects including insomnia, headache, nausea, vomiting, abdominal pain, palpitations, and other cardiovascular effects. These drugs could also interfere with these students' intended medical drug therapy. The crash of exhaustion after use is detrimental to one's health and the potential addiction and overdose of these drugs is another cause for concern. All these reasons give pharmacists motivation to take action and become involved in educating college-age students to avoid this dangerous behaviour.

It is quite difficult to determine how prevalent these drugs are being used by university students. Little research has been done in Canadian universities, but the anecdotal evidence exists: students are using amphetamines, CNS stimulants, and cholinesterase inhibitors to get an edge in their studies, regardless of the health consequences. Pharmacists who are on the front lines dispensing these drugs must take responsibility for educating patients, who could be potentially selling their prescriptions, or using them inappropriately themselves. In a statement by Shire Pharmaceuticals, the manufacturer of Adderall warned that prescription drugs should be used only as intended and only under medical supervision.

On another note, pharmacists should be aware of the off-label use of these drugs and prepare for future advancements.

Continued on page 23

Moving the Profession Forward

By Omolayo Famuyide
CAPSI President-Elect
3rd Year, University of Manitoba

MOVING FORWARD

As the title above implies, the profession of pharmacy is one that is truly "moving forward" and aims to continue to do so. As you may be aware, the profession of pharmacy has significantly changed gears in the past decade. Moving from the traditional dispensing role of the pharmacist to patient-centered pharmaceutical care and the integration of pharmacists into primary health care teams, the profession of pharmacy is finally living up to its potential. This brings me to the "Moving Forward: Pharmacy Human Resources for the Future" study.

"Moving Forward" is a human resources study with the intention of conducing an in-depth examination of factors that will contribute to pharmacy human resources challenges in Canada. The aim of the study is to provide and offer recommendations and solutions to ensure we, as a profession, can continue to provide and serve Canadians with a pharmacy workforce that will meet their future needs.

Moving Forward held its first inaugural meeting on April 10 and 11, 2006 in Ottawa and most recently a second meeting was held in Montreal on October 4th to 5th, 2006. Research involving the pharmacy technician workforce, pharmacists, employers and pharmacy students are all aspects the study will address in order to conduct a further analysis into what the profession has to offer. As the student representative for both CAPSI and Canadian pharmacy students on the National Advisory Committee, I encourage you to visit **www.pharmacists.ca/hr**, for more information about the Moving Forward study.

BLUEPRINT FOR ACTION

On June 21st to 22nd, 2006, approximately 70-80 various pharmacy stakeholders and leaders of the profession gathered in Ottawa to discuss and agree on some of the key principles we, as a profession, hope will ensure the role of the pharmacist as one that continues to live up to its potential, while improving the delivery and care provided to Canadians. In December of 2005, the Canadian Pharmacists Association (CPhA) held a small think-tank session as the first steps in seeking agreement on what a Blueprint for Action should look like.

So you ask, what is a Blueprint and why a Blueprint? The profession of pharmacy has accomplished a great deal in the past decade. From the move of emergency contraceptives to Schedule II status to prescriptive authority for pharmacists in Alberta and other provinces, the role of the pharmacist is one that will continue to evolve. Pharmacists and pharmacy students are no longer confined to the dispensary and are now being taught to go beyond these walls and interact and provide optimal drug therapy to patients.

Reforms in the Canadian health care system, especially in primary health care, have also called for the increasing recognition to improve the quality, safety and delivery of drug therapy. Hence the need to devise a strategic action plan that will provide direction for these changes, in order to ensure and to continue to meet the needs of Canadians. The Blueprint for Action will identify what structural, legislative, policy and program changes are required in order to support the new transitions of the profession.

While the Blueprint is being overseen by CPhA, it is a strategy that must become adopted by all pharmacy stakeholders including students. This is the profession we have all chosen and it is imperative that we have a say in the way we would like to practice in order to ensure Canadians continue to receive quality and safe drug therapy. Changes involving curricula and practice usually take shape by discussions held at the macro level. As students and the individuals that will comprise the future pharmacy workforce, it is imperative your views and opinions are heard during all discussions and that you participate and engage in these processes.

Remember, the future of the profession ultimately lies in your hands. So make your voice heard by staying current and involved. One way of doing this is by contacting your local or Executive CAPSI representatives. We would be happy to help you or direct you to the people who can. Go to **www.capsi.ca** for contact information.

Faculty Profile: University of Manitoba

Application Year	2006	2005	2004
Number of applicants	298	340	364
Number admitted	50	50	50
Avg. GPA (out of 4.5)	4.156	4.11	n/a
# of Rural Students (outside Winnipeg)	11 (22%)	16 (32%)	11 (22%)
# of out of province students	7 (14%)	5 (10%)	5 (10%)
Level of Previous education			
1 year of University	27	24	30
2 + years of University	19	22	12
Hold Degrees	4	4	8

Faculty Profile: University of Saskatchewan

Application Year	2006	2005	2004
Number of Applicants	713		
Number Admitted	91	90	90
# of Education Equity Program for Aboriginal students (max= 4)	4	4	0
# of out of province students (max= 14)	13 (14.3%)	14 (15.5%)	14 (15.5%)
Level of Previous education :			
1 year of University	24	25	20
2 +years of University	50	40	55
Hold Degrees	17	25	15

The Lab Coat: A Tradition in Pharmacy

By Drew McNeill
4th Year, Dalhousie University

Like most others, or so I hope, many of my childhood memories are about unimportant details surrounding events that may or may not have helped shape my current being. For instance, I can clearly remember several trips I made to the local pharmacy as a child and all the toys my mother bought me there, or that I cried over for hours when she refused. However, for all my efforts, I cannot remember much more about the pharmacy, and definitely do not recall the pharmacist on duty. In all honesty, at a young age I thought of the pharmacy as nothing more than a small-scale toy store. I certainly remember some awful tasting medications and even one uncomfortable story involving a suppository, but I never did link them to the toy store, or should I say, pharmacy. Aside from the toys, the one thing in the pharmacy that always caught my eye was the lab coat.

Some would find this odd, but like an emblem on a hockey jersey signifies your favourite team, it is the lab coat that signifies the pharmacist. In the early days of pharmacy the lab coat had a much larger role in the profession. Long before medications were mass-produced and transfered from bottle to vial, pharmacists used to compound just about every prescription that came through the door, and the dispensary truly was a laboratory. When compounding was commonplace in every pharmacy, pharmacists wore lab coats to protect their clothes from the stains and burns the compounds they were working with could inflict. While some pharmacies have kept up the tradition and specialize in advanced compounds, many of today's pharmacists go to great lengths to avoid having to make even the simplest of creams.

As pharmacists moved away from compounding and concentrated their efforts on counting pills and patient-care, the lab coat managed to transform itself and assume a new role. The dwindling percentage of compounds has meant that pharmacists are much less likely to ruin their clothes while filling a prescription. However, like a chameleon, the lab coat has changed to become the symbol of trust. A title as such is not given to just anyone, meaning pharmacists have had to work exceptionally hard to gain the public's trust and have had to work even harder to maintain it throughout the decades. Pharmacists have managed this by being accessible, friendly, empathetic, and, of course, by valuing the health of every patient. Pharmacists have also managed it through the image they have projected. This has been an image of the clean cut, soft-spoken, well-kept individual in the sparkling white coat that always has time for your needs.

Like the profession of pharmacy, the lab coat itself has not been without change. In a time when lab coats were worn out of necessity it was not uncommon to see them fall well below the knee and have sleeves that extended to the cusp of the wrist. However, as times have changed, the lab coat has been pulled up and in and crested here and there in an attempt to tailor it to everyone's needs. Today, as the lab coat has become more of a symbol, or even a lasting legacy, it is more common to find a short-sleeved version that falls just below the waistline. Though it has undergone significant changes, the lab coat has still managed to outlive many fads that have passed through the dispensary.

However, not all pharmacists appreciate the lab coat or even carry on its tradition. As sad as you may find it, there are those who have forgone the lab coat for so many reasons you could write a book. Although the lab coat lives on at the big chains, many independent pharmacy owners have decided that the lab coat does not suit their image and now it sits alone in the back of the closet. Now, it is here that I must make my admission. You see, I have not always appreciated the lab coat. It is true that for two entire summers and Christmas vacations I filled prescriptions at the local pharmacy and never once donned a lab coat. No one forced me to work like this; I consciously chose to leave my lab coat at home, believing that my shirt and tie looked much nicer in its place.

Perhaps my dislike for the lab coat is rooted in a mistake. In my first year of pharmacy school every student had to buy a lab coat to wear to compounding class. As the ninety students filed through the bookstore and ate up the coats like candy it soon became apparent that there would be no mainstream, custom fit lab coat for me. There was no way I was going to get an out-of-style lab coat that brushed the tops of my shoes and resembled a nightgown more than it did a symbol of trust and professionalism. In hindsight, I could have waited a few days and bought a short coat, but in my haste I forked over my fifteen dollars and brought home my new housecoat, or should I say, lab coat. In the days to come I managed to get it caught on just about every about every counter corner and put up with incessant teasing from other students. So as you can see, it is no wonder I never appreciated one of the few articles that unifies just about every pharmacist from the beginning of time.

Now you are most likely wondering why I have gone to such lengths to praise the lab coat, only to admit that I have actually detested it for years. Well, this summer I worked at one of those big pharmacy chains and you can bet that I wore a lab coat each and every day. When the temperatures reached their peak you can rest assured I had my lab coat on, and you can be sure that I cursed it every time I threw it over my shoulders. But then something changed my whole outlook on the subject.

My dad is not a man of style. In fact, I have never seen him buy a piece of clothing. Were it not for my mother, who keeps him looking rather presentable, he would probably have worn the same clothes for the past twenty-nine years. You see, it was during one of my rants about how terrible lab coats are that my dad told me how much he likes the lab coat. To him they are nice, clean, and make the pharmacist look professional. And there is it was: my dad, a man who never worries about what he or anyone else is wearing, was telling me how much he likes the lab coat. For once I was hearing the pro side of a debate I had made my mind up about long ago. Perhaps it was just because it was my dad saying it, but for some reason my complaints now all seemed silly. For the first time I could truly appreciate the lab coat.

So as I reflect once more on my childhood and those Friday nights in the pharmacy while my mom bought groceries next store, one detail captures my attention: the lab coat. To be honest, I do not even know who the pharmacist was that was wearing the lab coat, but I knew that I could trust them. Now back in reality, only months from now I will be a pharmacist myself and thanks to my dad I have come to appreciate the lab coat that I will wear for the rest of my career. Now rest assured, my new coat will have short-sleeves and will fall just below my waistline, but a lab coat it will be. And so it is that as the profession has evolved, one of the few things that have remained is the lab coat, a tradition in pharmacy.

Can't a girl have a little privacy around here anymore?

A look at the consequences and necessity of confidential areas in pharmacies

By Sarah Ettedgui
CAPSIL Rep
3rd Year, Universite de Montreal

We live in an age where the expression "my life is like an open book" is taken to its literal meaning. Break ups, heart to hearts and arguments are being overheard thanks to the advent of cell phones. Websites, such as "myspace" allow strangers to be privy to one's inner most thoughts and experiences. And yet it would never cross our minds to allow a doctor to examine us in the waiting room, or inquire about our medical history in front of his other patients. It is almost as though a boundary of privacy regarding our physical well-being has been drawn, only to be revealed behind closed doors.

Ironically though, we accept this breach of privacy more and more often upon our visits to the local community pharmacy. How many times have I overheard, and might I sheepishly add, even given, explanations about an OTC medication in the middle of the aisle where the product in question is located. And while there may not be a stigma attached to the occasional Tylenol, it's a lot less comfortable discussing flatulence and gas with your pharmacist, while being within ear shot of fellow shoppers. The consultations that take place at the cash register are other examples whereby there is an exposition of the client's privacy. But perhaps what is most disturbing is the fact that in our deontological code of ethics, there is a mandatory regulation to ensure a confidential area for consultations and questions. And while this area exists in all pharmacies in theory, it is rarely used. Logistically, it is more convenient to go into the aisles or give an explanation at the cash register.

The big question we need to be asking ourselves is: what is the impact of this on our profession? As pharmacists, we have a responsibility to ask questions that will help guide us in ensuring that each customer obtains their therapeutic goals. The lack of confidential space leads to restricted answers by the client which means that, as pharmacists, we are working with half a deck of cards. We have no way of knowing why a certain antibiotic was prescribed if the information is not volunteered. This lack of communication, leads to an incomplete knowledge of the factors surrounding our customers and how best to serve them. Moreover, we are often dealing with medications which broach sensitive subjects, such as the explanation of oral contraceptives, plan B, urinary tract infections or certain prostate conditions. In turn, this may not only lead to unresponsiveness by the client to the pharmacist's questions, but also to a lack of questions for the pharmacist. The result of which, is an incomplete understanding of the client's therapy.

The lack of confidential space leads to restricted answers by the client...as pharmacists, we are working with half a deck of cards

Another consequence of not using or not having a confidential area in the pharmacy, is the customer's fear of being judged by other customers, thereby causing an obstacle in the pharmacist's mission of assuring the best treatment for his client. Imagine having to explain an anti-cholesterolemia medication to an obese patient with the non-pharmacological suggestions being weight loss and a diet. Putting myself in the patient's shoes, I can almost feel the stares and eyes rolling as if to say, "well obviously". And what is our response as healthcare professionals? Due to a lack of privacy we may either opt to not dispense the latter information, thereby not ensuring that the customer will reach his therapeutic goals. Or risk mentioning the weight loss and dieting with disregard to the customer's feelings.

To fulfill our obligations to patient care and ensure customer privacy, it is essential that pharmacists repair the current situation. To do so, it is imperative that we make it a habit to insist on consultations in the allocated area. We need to reinforce its confidential properties by asking prying customers to please wait further away, ensure a minimal number of distractions and if there is a sense of discomfort by the customer, there shouldn't be a hesitation for using a private office.

As future pharmacists, we have an obligation to respect the privacy of our clients and in doing so we demonstrate a respect for the person in front of us, proving that despite our technologically-crazed society, a little discretion can indeed go a long way.

Faculty Profile:
University of British-Columbia

Application Year	2006	2005	2004
Number of Applicants	594	590	612
Number Admitted	153	158	141
Avg. cumulative university %	80.0%	78.0%	77.5%
# of out of province students (max= 14)	4 (2.6%)	6 (3.8%)	7 (5.0%)
# of rural students (outside metropolis of Vancouver)	68 (44.4%)	83 (52.5%)	71 (50.4%)

'Got something to say and can't hold it in?

Option #1: Submit your opinion articles to CAPSIL. See pg. 23 for more details.

Option #2: Rant and rave on the CAPSI forum: www.capsi.ca/forum

Bird's Eye View: *Why you are going to hate your co-workers*

By Robin Oliver
CAPSIL Rep
3rd Year, University of Manitoba

Recipe: For Disaster
10 ft working space
2 or more people
40+ yrs of employment

**Decrease working space and increase people to decrease cooking time*

I have seen the movie Phone Booth, and while people will tell you that I have a striking resemblance to Colin Farrell, I have no desire to spend all day in a crammed space with no air to breathe. Strange, considering that I am planning to spend 30 years of my life in a dispensary, standing shoulder to shoulder with my coworkers, where this will likely be the case.

There are only so many things that two people can talk about in the course of a work week. We all know that Grey's Anatomy only comes once a week and that leaves six other days that need to be filled with some kind of conversation. Now I don't pretend to be a tolerant person, but even a saint would be tired and worn by listening to the same ghastly stories about a co-worker's nieces and nephews. Honestly, I could care less what they stuck where.

When you start adding in the many variables that make up a specific work environment, the time until the pot boils over only decreases. Every workplace is a veritable powder keg waiting to explode. All it takes is the wrong person on the wrong day to trigger a series of events that can only be described as brilliant. The contorted way a face twists when they realize that they have just added the straw that broke the camels back is, in a word, priceless. When someone does this without realizing it, makes it impossibly even more delicious. It will happen around you and to you; your fate is already cast.

To the savvy veterans of the retail battles, I am preaching to the choir. To those who have yet to taste this truly unique element of the public service industry, oh what fun you'll have. People will tell you that the toughest thing is getting used to the expectation of the consumer, but this couldn't be further from the truth. You need to get ready to experience the grind of week after week, entrenched with the same spatula swinging lab coats, which, within a matter of months, will know you better than your wife and your mother combined. Now there is a beast that would instill fear in the core of all who tread near -no embellishment required.

Pharmacy schools across the nation should start modifying their respective curricula. Teach us how to deal with the monotony of listening to the same two stories of how you bumped into Geddy Lee at the Skydome, and how to thwart the never ending onslaught of conspiracy theories. I'm sure there is something in the coffee, but no, I am not going to pay to have it independently analyzed.

Alas, the trials that await us in "the real world" are not to be feared. Just remember the next time you bite your lip at hearing the same worn out litany on a Thursday afternoon, your stories are probably just as bad.

Bits & Bites

By Lindsay Cameron
CAPSIL Rep
4th Year, Dalhousie University

I have always been curious about words. I am now in my final year of Pharmacy and still I am often referred to as a Pharmacologist, or as a student of Pharmacology; the reference to my practice is well intentioned though misguided. I make the correction with a smooth transition, but the question often lingers in my mind…what is the real difference between the two words? I have always been curious about words…

Here are some bits & bites either for your own understanding or just to have in case you are one day mistaken for a student or practitioner of either:

Pharmacy & Pharmaceutics:
- Is the art, practice, or profession of preparing, preserving, compounding, and dispensing medical drugs.

Pharmacology:
- The science of drugs including their origin, composition, pharmacokinetics, therapeutic use, and toxicology.
- The medical science that deals with the discovery, chemistry, effects, uses and manufacture of drugs.
- The properties and reactions of drugs especially with relation to their therapeutic value.

And Just for Fun:
Apothecary:
- One who prepares and sells drugs or compounds for medicinal purposes.
- In England, an apothecary is one of a privileged class of practitioners; a kind of sub-physician. The surgeon apothecary is the ordinary family medical attendant. One who sells drugs and makes up prescriptions is now commonly called in England a druggist or a pharmaceutical chemist.

References:

Pharmacy. (n.d.). Merriam-Webster's Medical Dictionary. Retrieved October 05, 2006, from Dictionary.com website: http://dictionary.reference.com/browse/Pharmacy

Pharmacology. (n.d.). Merriam-Webster's Medical Dictionary. Retrieved October 05, 2006, from Dictionary.com website: http://dictionary.reference.com/browse/Pharmacology

Veterinary Pharmacy: Providing Care to Animals

An Interview with Kendra Day, BSc. Pharm, PhC

By Lindsay MacCormack
4th Year, Dalhousie University

1. How did you become interested in being a vet pharmacist and how did the opportunity present itself?

I was working as a hospital pharmacist here in Charlottetown at the time the Veterinary School was reaching completion. They advertised for a pharmacist to set up and run the pharmacy in the Veterinary Teaching Hospital. I applied and was chosen. There really are not that many pharmacists able to practice in such a setting, so it has been a great opportunity.

2. What is your educational background?

I have a BSc Pharm from Dalhousie. I also have audited a number of veterinary classes with the students. I helped set up a Board Certification Program for Pharmacists working in vet schools and wrote a number of the modules. Therefore, I am a diplomat of this Board.

3. Can you give me a quick run through of a typical day for you?

It varies, but we start the day by returning our overnight carts from the large and small animal hospitals and filling those prescriptions. We receive prescriptions throughout the day from large and small animal inpatients and animals seen as outpatients. We may also fill prescriptions for farmers. We have a number of specialists, and also visiting ones having clinics.

I typically answer a lot of questions from students and clinicians who are involved in a number of different rotations. I get outside calls from lots of vets and pharmacists about drugs. Clients may call as well.

I order and we receive a variety of drugs for our use and that of researchers. We have several ongoing research projects that we prepare medications for and are responsible for blinding the studies. We sell drugs to other researchers and labs within the school.

We do all the typical narcotic control activities of a hospital pharmacy and prepare lots of individual doses of analgesics for post-surgical use. We do compounding of drugs that are not available for animal use, or the doses are inappropriate. I occasionally host pharmacy or technician students. I am involved in meetings within the teaching hospital.

4. Did you have to take any special courses to better prepare yourself for this job (ie: Compounding course, vet medicine courses??? etc...)

Not before taking this job. I did audit courses after I had worked for a while that I had little background for. ie Large Animal Medicine, Neurology, Ophthalmology.

5. In your opinion what would you say are the top 5 medications dispensed at your clinic?

By volume: cephalexin, hydromorphone, meloxicam, cefazolin and amoxicillin/clavulinic acid.

6. Are there any barriers to dispensing for animals compared to humans?

Food animals require drug withdrawal times to be provided for all drugs. Meat, milk, eggs etc need to be drug free. If the dose is changed from the label, the vet is required and responsible for the withdrawal time. Compounding for food animals is no longer advised. Some drugs are banned in food animals, ie chloramphenicol.
Vets try to use drugs within their labeled indications ie dose and species. Off-label use is thought out more carefully than in human practice. There are many species for which no drugs are licensed, so off-label use must exist.
Compounding should only be undertaken where no option exists and hopefully stability data is known. Copying of existing licensed products is poor practice, even if the cost is less.

7. What is your favorite part of the job?

The challenge of solving difficult problems and working with students and appreciative clinicians is my favorite part of the job.

Faculty Profile: Memorial University of Newfoundland

Application Year	2006	2005/04
Number of Applicants	315	n/a
Number Admitted	40	
Interview score (highest/lowest)	82.8/73.5	
# of out of province students	8 (20%)	
# of rural students (outside St. John's area)	20 (50%)	

Faculty Profile: Université de Montréal

Application Year	2006	2005/04
Number of Applicants	800	n/a
Number Admitted	175	
Avg. GPA (Code R)	33.0	
# of out of province students	4 (2.2%)	
# of rural students	n/a	
# of international students	2 (1.1%)	

Reply hazy, try again later

By Jennifer Day
CAPSIL Rep
2nd Year, University of B. C.

Having survived another eight months of university, more finals than most sports teams encounter, and an overwhelming feeling that I had retained nothing, I was happy to see the month of May appear on my calendar. First year down; only three more to go.

Not only did May bring mixed feelings of glee for school being over and gloom for the exact same reason, it unearthed that age old question that every student faces come the end of the school term: *Where was I going to work for the summer?* Fortunately I had some options; *un*fortunately I hate making decisions. After much consultation with my magic eight ball, I chose to take a pharmacy position at the local hospital in my northern BC home town and it was at this small rural hospital that I really started to learn about pharmacy.

Oh sure, we had been taught about certain drugs during first year, heard professors drone on about pharmaceutical care, accountability and the importance of seamless care in the community, but it didn't actually mean anything to us, or at least not to me. I listened, took notes, studied and regurgitated material for tests alongside my peers but failed to understand the importance of what I was "learning". In the context of the hospital, however, all these buzz words and tidbits of information started to make sense.

In addition to assisting the pharmacy technicians in the dispensary, I was given the task of compiling information for the newly implemented medication reconciliation protocol. The whole situation was a bit daunting; I had to talk to *real* patients about their *actual* medications and attempt to catch medication order errors. Although the first week of interviewing was a rocky one, I became more confident with my interviewing skills and was actually able to focus on the importance of what I was doing.

Following the protocol, I printed out a list of the patient's medications from their profile, wrote down the current medications according to the date and amount dispensed, and went over this list with the patient. Once I had an accurate list of their medications, I would compare it to their admission orders ensure that their doctor had ordered the appropriate medication, strengths and doses. This was not always the case. A shocking number of new admission orders were incorrect and riddled with inconsistencies. I would then report my findings to the pharmacist who would either phone the doctor to correct the discrepancy or explain the reason for the medication change to me; not all discrepancies were unintentional.

Through this process, I not only became aware of the staggering number of medications the public is on and the fact that most had no idea why they take their medications (a whole other story), but I began to recognize frequently prescribed drugs and the conditions they corresponded with. My drug pronunciation and spelling improved; I became familiar with dosage forms and strengths and even picked up some new skills, such as preparing antibiotic intravenous bags. The supervising pharmacist took me on rounds with him; I was able to attend interdisciplinary hospital meetings, read patient charts and attempt to decipher lab results. Everything we had been taught inside the classroom began to weave together and seamless care became a goal, not a term to be defined. It was the most educational summer ever.

Now, well into my second year of pharmacy, I am finding that learning about the profession is a lot less difficult and a lot more interesting. I know we still have a long haul ahead of us, but the fact that the information we are learning in the classroom is actually going to be applicable beyond the university walls is encouraging. In three years, my important decisions will be based on extensive background knowledge and experience; not on the turn of a magic eight ball.

Top five things I learned working in a hospital pharmacy:

1) Patients and nurses really like doctor jokes
2) Doctors don't appreciate first year pharmacy students telling their patients and nurses doctor jokes
3) Glass ampoules don't bounce well
4) Bed curtains are usually closed for a reason
5) Icky is not a medical term

Other Summer Opportunities (by no means, an all-inclusive list)

Canadian Society of Hospital Pharmacists (CSHP) Pharmacy Student Internship:
Deadline - December 4th, 2006. View: http://www.cshp.ca/productsServices/eob/index_e.asp

Canadian Association of Chain Drug Stores (CACDS) Pharmacy Student Internship:
Deadline - Sometime in April**. View: www.cacds.com

IPSF Student Exchange Program:
Deadline - December 31st, 2006. Contact your local IPSF rep or the Student Exchange Officer: Violaine Masson at seo@capsi.ca

Canadian Pharmacists Association (CPhA) Pharmacy Student Internship
Deadline - Sometime in March**. View: www.pharmacists.ca

Rx & D Summer Internship
Deadline - Sometime in December**. Contact your local Student Council for details.

** Based on last year. Subject to change.

Safer HealthCare Now!

By Suzanne Saunders
4th Year, Dalhousie University

We hear all too often about medication-related errors and the devastation these have on the lives of those involved. Less often do we hear about the noble efforts put forth to try and reduce the incidence of these errors. Safer HealthCare Now! is a Canada-wide patient-safety initiative that is doing just that - making the lives of patients safer in 6 key areas. These areas include AMI (improved care for myocardial infarction), CLI (prevention of central line-associated infection), MedRec (medication reconciliation), RRT (rapid response teams), SSI (prevention of surgical site infection) and VAP (prevention of ventilator-assisted pneumonia). The campaign mimics an ongoing effort in the United States, the 100,000 Lives campaign, which, as of June 14, 2006, was estimated to have prevented 122,300 deaths over the previous 18 months. As a pharmacy student, the MedRec initiative interests me very much, and I was fortunate to have been able to contribute to it this past summer at the Capital District Health Authority in the Halifax region of Nova Scotia.

Adverse events are defined as injuries/complications that are unintended and result in death, disability or prolonged hospital stay. The Canadian Adverse Events Study (CMAJ 2004) found 7.5 adverse events per 100 hospital visits. Of these adverse events, 36.9% were considered to be highly preventable (CI 32.0%-41.8%) and 20.8% (CI 7.8%-33.8%) resulted in death (1). It might be all too easy to say that these numbers, although Canadian, don't apply to our own local hospitals, but they do. I spent this past summer collecting data to prove it. Capital Health is one hospital that has adopted all of the Safer Healthcare Now! initiatives. MedRec has even become a new accreditation standard for the hospital.

MedRec is a relatively new term, but as it spreads to different areas of health care, both hospital and community, it will soon become part of the slew of other abbreviated medical literature that we use on a daily basis. The term "med rec" simply means reconciling a patient's list of medications to physician orders, whether it's an admission, discharge or transfer.

Currently, a patient is interviewed by multiple members of the health care team, from the paramedic to the nurse to the physician. While this may seem more than sufficient, mistakes and omissions happen. This may be due to many reasons: the patient doesn't have an accurate list or doesn't have a list, the admission is acute and the patient is unable to provide information, the interviewer is unfamiliar with drug names/dosages, errors in transcribing, the interviewer fails to ask about OTC medications etc. Whatever the reason, the current process leaves much room for error.

A patient is interviewed by multiple members of the health care team, from the paramedic to the nurse to the physician. While this may seem more than sufficient, mistakes and omissions happen.

Reconciliation involves a "best possible medication history" that should be done by an individual experienced in history-taking and who makes full use of all available resources, including family members, home pharmacies and the patient's own pill bottles. Most importantly, this person must interview the patient directly to clarify how each medication is taken.

This summer I collected baseline data to help the hospital assess the current error rate. While the actual data is confidential, I must say that I was surprised by what I had found and that improvements in this area should be everyone's priority. This data will be used to compare how the hospital is doing once early and full implementation of medication reconciliation is in place.

I must say that I enjoyed not counting one single pill this summer. Although I will be starting a career very soon in community pharmacy, I feel that what I have seen and done this summer will become a powerful tool for me in helping patients on the other side of the health care system, hopefully reducing the amount of these above-mentioned errors. I will make sure to help educate patients, especially the elderly, about the importance of keeping an up-to-date medication schedule and that they too share responsibility in their own care. I have learned that there is reason to be suspicious of those discharge medications that just don't seem to make a whole lot of sense and that there should be more communication between pharmacies and hospitals.

This summer also showed me just how diverse my degree can be and allowed me to use my skills in a way I had never before considered. In most institutions, it is yet to be determined who will do Medrec or how it will be done, but we can be sure that it works and it is here to stay.

References:
1. Baker, RG et al. The Canadian Adverse Events Study: the incidence of adverse events among hospital patients. CAMJ 2004; 170(11) 1678-86
2. http://www.saferhealthcarenow.ca/Default.aspx?folderId=26

Faculty Profile: University of Alberta

Application Year	2006	2005	2004
Number of Applicants	830	880	930
Number Admitted	131	131	121
Avg. GPA	n/a at time of print		
# of out of province students	n/a at time of print		
# of rural students	n/a at time of print		

Faculty Profile: Université Laval

Yearly data not available.

Number of Applicants	Approx. 1200/year
Number Admitted	Approx. 145/year
# of out of province students	Currently: 5 in total
# of international students	Approx. 8-12/year

My Summer in Geneva

By Jennifer Teng
2nd Year CAPSI Rep
2nd Year, University of Toronto

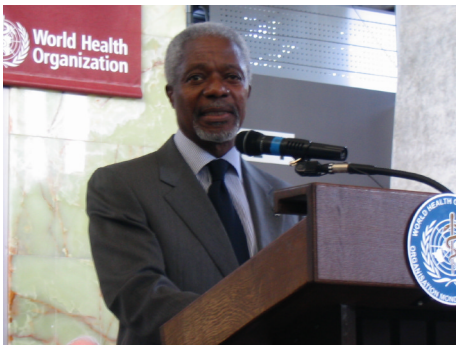
When I started my first year of Pharmacy, I can frankly say that didn't really know too much about the profession. However, what I kept hearing from professors and other faculty members was that I had entered into a highly respected profession with many diverse opportunities. To a first year student, or well maybe just to me, that pretty much summed up as either hospital or community pharmacy.

Although over the course of the year, I learned more and more about how I could apply my degree to other areas of work, I never expected that I would have the opportunity to represent the International Pharmaceutical Student's Federation (IPSF) and CAPSI as an intern at the World Health Organization (WHO) Headquarters in Geneva. But on the night before my PHM128 (Pharmaceutical Practice I) final exam, I found out that I would be traveling to Switzerland for the summer (and I barely got any sleep for my final!).

For two months this past summer, I interned with the Quality Assurance and Safety: Medicines team (QSM) in the department of Medicines Standards and Policy (PSM). Working with pharmacists and scientists from all over the world including the Netherlands, Germany, England, China, and Nigeria -just to name a few - I was able to broaden my perspectives on pharmacy practice in many regions of the world.

One of the major priority areas of WHO work is to ensure access, quality, and rational use of medicines worldwide. This is no simple task given that one third of the world population does not have access to essential medicines. An estimated 25% of medicines consumed in developing countries are believed to be counterfeit, and irrational prescribing leads to worse treatment outcomes and may lead to increased resistance.

The primary goal of the PSM department is the creation and promotion of global standards as outlined in Article 2 of the WHO Constitution, which cites that the Organization should "develop, establish, and promote international standards with respect to food, biological, pharmaceutical, and similar products." Most of the work done with the QSM team revolves around creating norms and guidelines for pharmaceuticals with a particular focus on essential medicines for HIV/AIDS, tuberculosis, and malaria. Annually, they update the Expert Committee on Specifications for Pharmaceutical Preparations and work on monographs for The International Pharmacopoeia. These publications enable national regulatory agencies to effectively oversee pharmaceutical production and trade and to assess the quality of medicines.



Kofi Annan, Secretary General of the UN, speaking to summer interns

During my internship, I had the opportunity to work on three publications. I updated the Global Index of Pharmacopoeias and produced two advocacy publications about the challenges facing countries in producing or obtaining quality medicines. This work will further collaboration between WHO member states with respect to quality, safety, and efficacy of medicines.

Jennifer Teng at the WHO Headquarters, Geneva

In addition to work, one of the highlights of the trip was being nearly face to face to Kofi Annan, the Secretary-General of the UN, as he addressed WHO staff on the recent death of the WHO Director General and the status of the Millennium Development Goals (MDG). Mr. Annan was faced with tough questions from inquisitive interns regarding the absence of chronic disease from the MDG, and it was interesting to watch him respond. In one case, he was caught somewhat off-guard by such a bold question and said, "You say that you are only an intern?" Then, he laughed and commented that he was glad to see young adults -and young females especially, questioning and challenging the inequities in our world.

During my 7 weeks at WHO, I was inspired by the experienced, highly qualified, and passionate pharmacists and scientists in PSM. Though I had read and heard that there was more to pharmacy than just community or hospital, this experience solidified that fact and is proof that our degrees are amenable to almost any subject area we are interested in whether it is from community to hospital or industry to international health.

Overall, I had an amazing experience interning at WHO and exploring the beautiful and lively city of Geneva. For more information regarding Medicines Standards and Policy or other WHO work see http://www.who.int/medicines. Also, if you are interested in internship opportunities at WHO, contact your local IPSF rep, who should have more information in the Spring.

Want to spend your next summer at WHO?

Application through IPSF (how Jennifer Teng applied):

Deadline: Some time in March. Contact your local IPSF rep.
Application: 1) Curriculum Vitae; 2) Letter of Support from your University; 3) A one-page motivation letter clearly indicating your specific area of interest from the five listed; 4) Maximum 1200 word essay on the role of the pharmacist in one of the five areas of work listed.
(Note: Application may have changed.)
Number of Spots: Five pharmacy students (Three spots are reserved for 4th year students) from all IPSF countries.

Application directly through WHO:
http://www.who.int/employment/internship/en/

A Crash Course on American Pharmacy

Editor's Note: CAPSIL is pleased to be partnering with our neighbours to the south, the American Pharmacists Association Academy of Student Pharmacists (APhA-ASP), to offer a new column, "From Across the Border: APhA-ASP". Likewise, the APhA-ASP will be including a column from CAPSI in their publication, Student Pharmacist Magazine. It is the hope of CAPSI, that this will only be the first of many joint projects between CAPSI and APhA-ASP.
(Also note, that the American spelling of words such as "neighbor", "color" and "gray" and so forth...have not been Canadian-ified.)

By Daniel A. Zlott
APhA-ASP National President
PharmD Candidate, Class of 2007
University of California, San Francisco

The American Pharmacists Association Academy of Student Pharmacists (APhA-ASP) is one of three Academies within the American Pharmacists Association (APhA). APhA-ASP is the academy designed specifically to meet the needs of student pharmacists in America. APhA-ASP is the oldest and largest national student pharmacy organization in the United States and has been in existence in one form or another for 37 years. Currently, APhA-ASP has over 26,000 members, with a chapter at every school of pharmacy in the United States and Puerto Rico.

APhA-ASP's mission is to be the collective voice of student pharmacists in America, to provide opportunities for professional growth, and to envision and actively promote the future of pharmacy.

APhA-ASP's structure is broken down into three levels. First, there is the chapter level. At each school, chapters select those individuals who they would like to lead them in the various activities that the chapter and its members participate in each year. These individuals are responsible for coordinating local efforts on behalf of APhA-ASP. Next, there are the regional leaders. The US is broken down into eight regions. Each of the eight regions has three regional officers: a Regional Delegate, a Regional Member at Large, and a Midyear Regional Meeting Coordinator. The regional officers serve as liaisons to the schools within their respective regions.

Finally, there is the national level. There are several ways for student pharmacists to get involved on a national level. First, there are the standing committees. APhA-ASP has four standing committees: the awards standing committee, the policy standing committee, the education standing committee, and the communications standing committee. Each committee consists of four student pharmacists, plus one member of the National Executive Committee (NEC). The National Executive Committee is the APhA-ASP equivalent to CAPSI's Executive Council. The NEC is made up of five officers: President, President-elect, two Members-at-large, and Speaker of the House.

Now that you have an understanding of APhA-ASP's structure, let's explore some of APhA-ASP's projects and programs. One of the most important reasons that APhA-ASP exists is to advance the profession of pharmacy in the U.S. APhA-ASP does this in several ways. First, APhA-ASP's policy process, which allows students to voice their opinions about pharmacy in America, trains students to become involved from a policy and legislative perspective. This is a critical piece of the puzzle, since laws and regulations dictate how far we can expand our scope of practice.

Next, there are the three patient care projects that APhA-ASP participates in on a national level. Those three projects are Operation Diabetes, Operation Immunization, and the Heartburn Awareness Challenge. Each of these patient care projects is an opportunity for students to expand their clinical skills in these three areas. The patient care projects are more than that, however. Each patient care project is an opportunity to demonstrate to the public some of the things that pharmacists are able to do. In America, there is a common misconception that pharmacists simply dispense medications. Our patient care projects are helping us to overcome this misconception.

Finally, APhA-ASP is active on a global scale, being the full member representative for the U.S. to the IPSF. APhA-ASP has a number of programs that support IPSF's initiatives, and APhA-ASP always participates in the IPSF World Congress through our APhA-ASP IPSF National Officers.

So now you've had a brief introduction to APhA-ASP and some of our projects and programs. To learn more about APhA-ASP, please visit our website: **www.aphanet.org/students** - you can get a more in depth description of each of APhA-ASP's initiatives. Be on the lookout for more articles from your American neighbors. We're looking forward to working with CAPSI in the future to advance pharmacy all across North America!

Left: The 2006-2007 APhA-ASP National Executive Committee left to right in the photo are:

Kendra Olderog, APhA-ASP National Member-at-large; John Zeuli, APhA-ASP Speaker of the House; Lisa Clayville, APhA-ASP National Member-at-large; Brandon Patterson, APhA-ASP National President-elect; Dan Zlott, APhA-ASP National President

Where There is No Doctor...

By Megan Ricketts
4th Year, Dalhousie University

You might find a pharmacist.

This summer, I was given the opportunity to step out from behind the pharmacy counter and into the waiting arms of Varanasi, India. It was the experience I had always dreamt about, in that I was challenged to use every skill I have ever possessed in a new and exciting way. Through educating others in areas from health and hygiene to Christian education and teaching English as a Second Language (ESL), I quickly fell in love with the people of India and the profession of pharmacy all over again.

I want to share a few words about my journey in the hope of encouraging someone else to do the same. I know many of you already have.

Varanasi is the holiest city in India renowned by its embankment on the sacred Ganga (Ganges) River. This river is a source of water for drinking, cleaning, washing, sacrament, disposal, and burial. The fecal coliform bacterial count has been sampled to be 1.5 million per 100mL. Normally, the water would be safe for bathing if this number were less than 500. Typhoid, TB, malaria, tetanus, and hepatitis are rampant, not to mention the high number of cases of malnutrition and numerous skin infections.

Yet, in a city of filth and hardship I found myself surrounded by the love of 12 orphaned children at the ASHA Home. Caring, teaching, and more importantly, learning from these children were the greatest blessing. Through Health Partners International Canada (HPIC) I was able to bring a supply of children's multivitamins and acetaminophen. The daily ritual of receiving their pink or orange vitamin was such a privilege to these children that I would find them still sucking the precious "treat" half an hour after administration. "Chew, chew!" was what they continually heard "Megan didi" instruct. Many of the children have dairy allergies which make calcium supplementation extremely important, but like multivitamins, they are hard to come by.

The health and hygiene teaching I offered was a new challenge. Instead of questions concerning intricate DRP's or therapeutic choices I found a greater need to share about general medicine topics such as: the differences between bacterial, viral, parasitic, and fungal infections; the importance of proper hand washing; treating fevers and dehydration; warning signs of critical illness and when to seek help; and dental hygiene.

A class with university girls one afternoon developed into a discussion about traditional practices such as the belief of universal cure through antibiotics and the superiority of therapies administered by a needle. Education is so simple, yet so invaluable.

As future pharmacists, professionals, and clinicians we are asked to heal everyday. I encourage you to share your healing power with our hurting world. Whether this is through a six-year-old with otitis media, an old family friend suffering from chronic pain, or a new friend on the other side of the world, there you will find the heart of pharmacy. Where there is a pharmacist - well, there is so much.

Megan Ricketts with ASHA orphans, India

"To leave the world a little better; whether by a healthy child, a garden patch or a redeemed social condition; to know even one life has breathed easier because you have lived. This is the meaning of success."
- Ralph Waldo Emerson

IPSF Public Health Awareness Campaigns

Heads up people, these dates will be here before we know it! If anyone would like more information about any of these public health campaigns, has some ideas as to how Canadian students should mark these dates or would like to help out in any way, please talk to your local IPSF rep, or email the CAPSI IPSF Liaison, Hillary, at **hillary.a.adams@gmail.com**

Diabetes and Healthy Living Campaign	Saturday, November 4th
World Aids Day	Friday, December 1st
Pharmacists Fight Tuberculosis Day	Saturday, March 24th
World Health Day	Saturday, April 7th
World No-Tobacco Day	Thursday, May 31st

Local IPSF Contact Persons:

Memorial University :
Renee Saunders <reneesaunders@hotmail.com>
Dalhousie University :
Lucy Wang <LC636890@dal.ca>
Université Laval:
Jerome-Henri Lavoie <jerome-henri.lavoie.1@ulaval.ca>
Université de Montréal :
Katherine Mousseau <katherine.mousseau@umontreal.ca>
University of Toronto :
Kaspar Ng <kaspar.ng@utoronto.ca>
University of Manitoba :
Ashley Lam <ashleycwlam@gmail.com>
University of Saskatchewan :
Julia Bareham <juliabareham@hotmail.com>
University of Alberta :
Lisa Zieminek <laz@ualberta.ca>
University of British-Columbia :
Sharon Leung <splat22@gmail.com>

Serving in Niger

By Darlene Polachic
Re-printed with permission from the Saskatoon Sun

This article was printed in Fall 2005 in the Saskatoon Sun newspaper. Kim is now a fourth year pharmacy student at the University of Saskatchewan.

When Kim Olfert volunteered to help out in a hospital pharmacy in Niger, West Africa, for six weeks last spring, she had no idea what all was in store. The second year pharmacy student at the University of Saskatchewan had noticed the opportunity on the website of SIM, an international Christian missions organization.

"I volunteered on-line," Olfert says, "and they e-mailed back asking if I would consider covering at the hospital pharmacy while the regular pharmacist was away." With some trepidation, she agreed.

In May of 2005, Olfert left Regina during a cold snap. About 22 hours later, she stepped off the plane in Niger in 50 degree Celsius temperatures. After a couple of days rest with friends from her home area near Swift Current, Olfert took a small bush plane to the missions compound which houses Gamli Hospital, the leading hospital in the country of Niger.

"After two days of orientation with the Asian pharmacist, I was on my own. It was a little scary. I was still hot, still jet-lagged, and still had lizards in my house."

The accommodations provided for Olfert were comfortable enough--a small furnished house made of cement blocks with a tin roof. "I could hear the toenails of lizards scuttling over the tin roof," she recalls with a little shudder. "Then I discovered I had a lizard in my house. It was about a foot and a half long. I got some nice local men to get rid of it. They thought it was a huge joke."

The clinic was open most days from 8 a.m. to 1 p.m. and 3 p.m. to 6. "Everything shuts down, even airports, for a two hour siesta in the afternoon," Olfert explains. "In the hospital, they deal with life and death, but not between 1 and 3. I would go home, shower again, eat, and sleep. You never got really dry after a shower because in the 50 degree temperatures, you were instantly perspiring again. I got used to it."


Kim Olfert (center) with pharmacy staff, Nigeria

The Nigerien pharmacy was an experience. "There was a staff of six under me doing the dispensing, but I was the only one with keys. The pharmacy supplies drugs plus all the hospital equipment like needles, catheters, eyeglasses, and the like. It was my job to keep careful track of inventory to guard against theft. The pharmacy had a very basic stock, so I was always trying to figure out drug alternatives when the one ordered wasn't available. There is very little chronic disease maintenance done in the hospital; people don't come until it's a matter of life and death."

The medical staff consisted of doctors and nurses from Canada, Switzerland, Germany, the U.S. and Japan.

Olfert didn't expect she would be asked to assist with surgeries, but she was.

"One was a 14-year old girl who came in with severe stomach pain. The doctors did exploratory abdominal surgery and discovered she had a serious infection, possibly from a ruptured appendix. Her intestines were all glued together. It was my job to pour saline into the abdominal cavity to wash it out."

In another case, Olfert watched doctors reattach the wrist of a man who had it "pretty much sliced through in a sword fight. They had to reattach every vein, muscle, ligament and nerve. It was incredible."

Olfert also accompanied medical outreach teams into the bush. That, she says, was the biggest culture shock of all. "People live in mud huts with grass roofs. It was exactly like watching a World Vision ad."

The team worked with women in the villages, giving them very basic health training.

"One day we came upon some women in the field pounding millet into flour with a big log about five inches thick. When I tried, they laughed at me, but I was glad to brighten their day. This is hard work, and these women do it every day of their lives--often with a kid or two on their back--to prepare food for their animals and families. They are amazingly fast at it."

Olfert was invited to tea by a Nigerien couple. "In Niger, tea is a ceremony which involves three stages. First they serve you a cup of tea that is very, very thick. You take a sip, then pass the cup to the next person who does the same. The second cup passed has a little more water added. The third cup is filled with strong, but drinkable tea. You drink as much as you want, then pass the cup to the next person. The cup is always kept full."

Another highlight was taking a bush taxi (any vehicle whose driver you offer to pay) to market. "In our case, the taxi was a little VW van crammed with 28 people. Going back, there were only 27, but we had a sheep occupying the front seat."

"The market was amazing. There was a full stockyard where you can buy camels, sheep, goats, cows. You can get hay, mud bricks, a haircut, meat, fruits and vegetables. I bought some fabric in the clothing area. The merchant sawed it off the bolt with a big knife."

Leaving Galmi when the six weeks was up was another experience. Camels and donkeys had to be chased off the airstrip before the plane could leave.

Olfert found herself reluctant to leave. "Life is primitive there, but so satisfying," she reflects. "I find I now appreciate the simple things more. I think I make decisions differently, too, and value relationships more.
I appreciate the people of Niger who are so happy with so little."

Would she do it again? In a heartbeat. "But this summer, I am going to Switzerland to visit the friends I met in Niger. You wouldn't think six weeks was enough to make close friendships, but it is when you are all going through the same things--like heat and lizards. You become closer to the people you suffer with."

Olfert is currently in her third year of pharmacy studies at the University of Saskatchewan.

"Smart Pills" continued...

Research developing these "smart pills" is underway and pharmacists should be prepared for the explosion of ethical and regulatory issues that will surely ensue. Yesavage, who hopes to conduct an expanded study in the future regarding people with normal cognitive functioning using donepezil, noted "if cognitive enhancement becomes possible in intellectually intact individuals, significant legal, regulatory, and ethical questions will emerge." Will pharmacists be dispensing mental enhancing drugs in the not-too-distant future?

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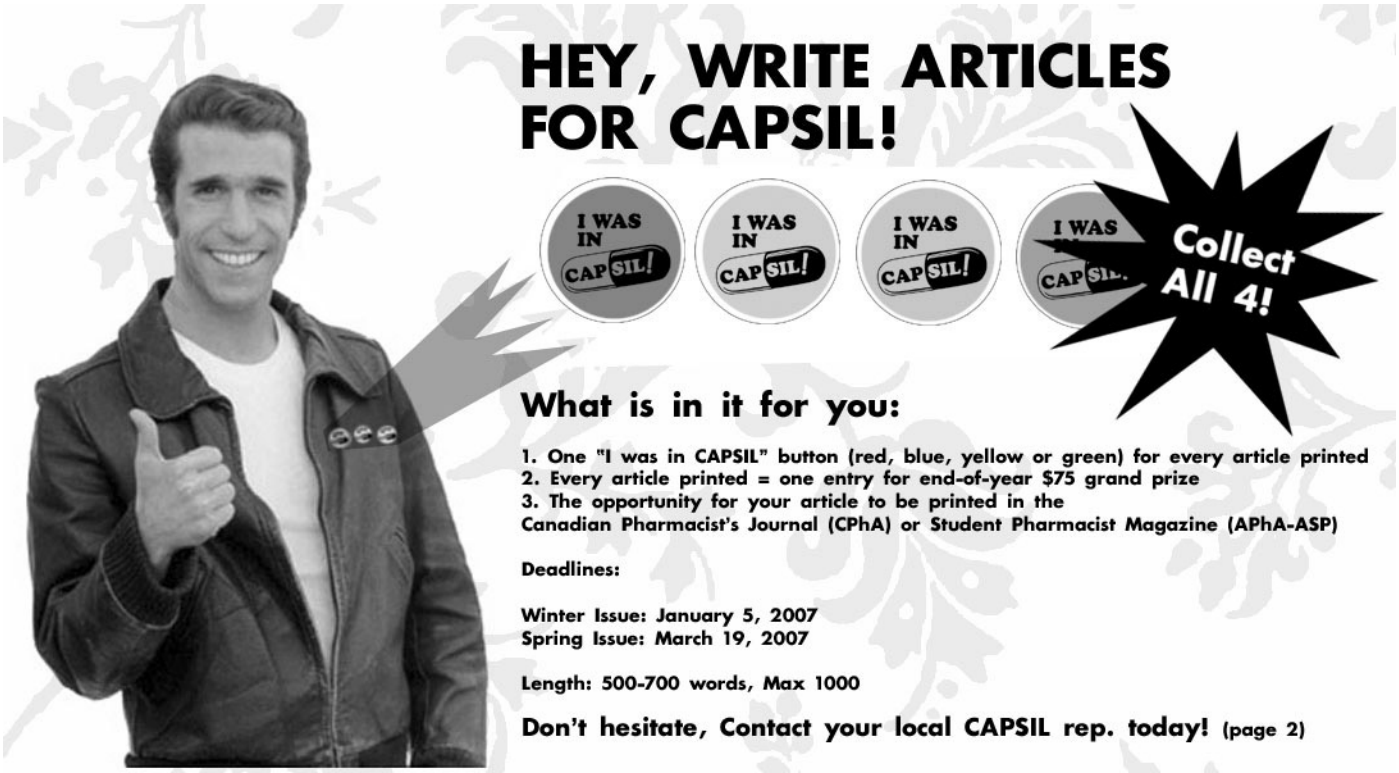

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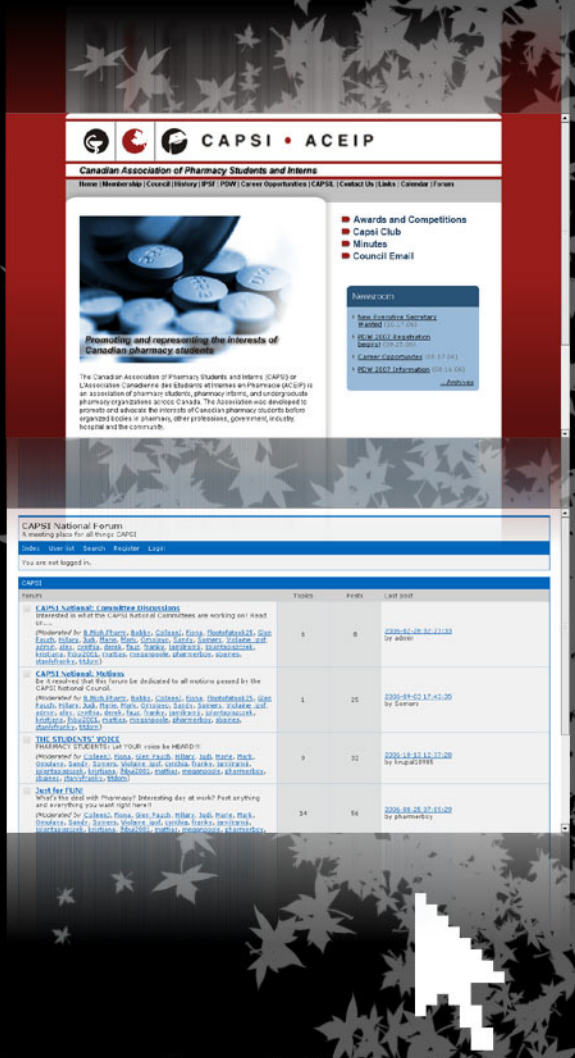

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