



Spring 2006

THE CANADIAN JOURNAL OF PHARMACY STUDENTS AND INTERNS

CAPSIL JACEIP

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



Three NEW Sections!

This Issue:
Sponsorship in
Pharmacy Schools:
Building Relationships or
Selling out? pg. 12-13

An iPharmacist Review
pg. 16-17

Neema Project Completed
pg. 18-19

DOROTHY SMITH (PICTURED WITH THE CENTENNIAL SCHOLARS OF 1967)
ON THE CREATION OF CAPSI AND MAKING THE
MOST OF YOUR PHARMACY CAREER.
PG. 14-15



Message from the Editor

CAPSIL

is published 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 and for 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.

ALL COMMENTS AND ARTICLES ARE WELCOMED AND ENCOURAGED AT:

cynthialui@gmail.com OR

**CAPSIL EDITOR
CYNTHIA LUI
63 Wendon Bay
Winnipeg, MB R2R 1Y5**

Translation services provided by:
Alexandre Ferland

CAPSIL STAFF: Alexandre Ferland (U de M), Megan Jackman (MUN), Judi Lee (U of A), Robin Oliver (U of M), Jason Park (UBC), Renee Susin (Dal), Elaine Tam (U of T), Kristjana Kotyk and Elska Walton (U of S).

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

CONTRIBUTORS THIS ISSUE:

Dorothy Smith, Dick Nguyen, Mayce Al-Sukhni, Jessica Auyeung, Dominique Boivin, Jonathan Caron, Jinny Cheng, Leanne Fong, Amy Pham, Adam Somers, Caroline Talbot, Anthony Tung.

Cover photo submitted by: Dorothy Smith

Back page advertisement by: Kenneth Lavallee

Why it's better to do something, than to do nothing

This has been a great year for CAPSIL. Exposure has been increasing, article submissions have been just fantastic and the CAPSIL reps have been more resourceful and fun to work with than a CAPSIL Editor could hope for (thanks guys!). The experience has been so positive for me, that I ran for the position again during the bi-elections and will keep on trucking over the next year.

Which brings me to the topic at hand: I suppose I can be classified as a "keener", in the sense that I participate in school events and go through the trouble of running for positions on student-run councils (such as CAPSI). It's a lot of work and every time, usually half-way through my term, I go through a period where I swear I will never apply for something again. Half the time you don't get appreciated for the work you do, you have better things to do (such as study and actually go out and see your friends and family) and it can be a lot of work. You wonder if the benefits really outweigh the time and energy it consumes.

So why do it?

Well, why do anything at all? Why bother to do anything that takes you out of your element, when it's much more comfortable and easy not to? Why speak out when you can keep quiet? Why bother getting out of bed in the morning when you know you'd much rather sleep?

Because there's a whole *world* out there. There are things that can be done and changed and there are lives to live. Because at the end of the day, having done something interesting and created different experiences are what make life interesting and continually better. It's especially when you feel apprehensive about something that you should charge ahead and do it. You'll feel much better if you do.

In this issue of CAPSIL, we're featuring articles about students and pharmacists who have taken themselves out of their elements and live to tell about their positive experiences. The Guest Pharmacist Writer this issue is Dorothy Smith, one of the founding members of CAPSI. She writes about how the organization was formed when seven students saw the lack of communication between pharmacy students across the country and went out and did something about it. Dick Nguyen, a recent grad, writes about the NEEMA Project, a dispensary set up in Tanzania that was initiated by two pharmacy students, and his experience volunteering there. Anthony Tung writes about his experience on rotation at an AIDS/HIV ambulatory pharmacy and how apprehensive he was in the beginning and how he'd never trade the experience for anything.

Experiences are the pixels that make up a life and the best experiences are made when you take yourself out of your norm and make them yourself. Why do nothing when you can do *something*?

Speaking of pixels...I will also take this opportunity to plug the CAPSI Online Message Board that will be heavily promoted in this issue of CAPSIL and at your respective schools. Why leave comments and start threads with other students when you can watch TV or paint your nails? Because it's a great opportunity to meet students across Canada and find out what's going on at their schools. Share ideas, express concerns and think critically about "the good, the bad and the ugly" of the profession. The profession of pharmacy isn't perfect, but we can sure try our best to make it as great as we can.

Have a great exam season and summer! I look forward to hearing from all of you over the summer and in the fall!

**Cynthia Lui
CAPSIL Editor
2nd Year, University of Manitoba
cynthialui@gmail.com.**

Deadline for the FALL Issue: early October.

Send submissions to:
cynthialui@gmail.com



Oh, the Places You'll Go!

*Congratulations!
Today is your day.
You're off to Great Places!
You're off and away!*

*You have brains in your head.
You have feet in your shoes
You can steer yourself
Any direction you choose.
You're on your own. And you know what you know.
And YOU are the one who'll decide where to go.*

These wise words from Dr. Seuss are ones that all incoming pharmacy students should be told. These words should then be repeated to those graduating students, so that we don't forget just how lucky we are to be in this wonderful profession.

As I near the end of my Pharmacy schooling, I am struck by just how great the profession of pharmacy is. In pharmacy, we have the ability to save lives, to help others, to create meaningful relationships, to deal with other health care professionals as peers, to be seen as being the most trusted professional (and to make good money as well).

One wonderful aspect of pharmacy is that you can do so many different things within the profession. Community pharmacy, hospital pharmacy, industry, pharmacy law, education, research, ownership, clinical and many other opportunities are available for pharmacy graduates. If you ever find yourself dreading your job, find something else in the profession! You should love going to work and see it as an opportunity to contribute to others lives while living your own. Remember, it's not always about the money; better to be happy than rich.

CAPSI is one of many outlets that showcase the different aspects of pharmacy. Your membership in CAPSI allows you to participate in competitions that reflect different aspects of pharmacy, contribute to symposiums on different topics in the profession, be a part of interprofessional networks with other health care providers and attend PDW, where you can see and hear first hand examples of people who are doing innovative things in the profession. Plus while you're in school take advantage of the

opportunity to participate on CAPSI council on a local or national level. Many former council members have stayed in touch over the years and some have even become business partners! So the opportunities available to you really are endless!

With these endless opportunities however there comes a catch. "With great power comes great responsibility!" You are responsible for making yourself a life-long learner. Now, I know that is a clichéd phrase, but it really is true. In our profession, you can't afford to remain stationary. In an age where our patients can go online and research their condition and medications and find both good and bad information, we must be prepared to answer their questions. So don't think just because you are finished school that the learning is finished -the learning has just begun!

And will you succeed?
Yes! You will, indeed!
(98 and 3/4 percent guaranteed.)

KID, YOU'LL MOVE MOUNTAINS!

So...
Be your name Buxbaum or Bixby or Bray
Or Mordecai Ali Van Allen O'Shea,
You're off to Great Places!
Today is your day!
Your mountain is waiting.
So...get on your way!

Get on your way moving mountains in the profession; you really can and will make a difference. I would like to thank my CAPSI council for all of their support and the great memories over the past year. It really has been one of the greatest experiences of my life. I wish all who are reading this the best in the future and to never forget where you came from and never lose sight of where you are going.

As always I remain,
Adam Somers
CAPSI National President
4th Year, Dalhousie University

CAPSI would like to Thank the Following Sponsors for their Support!



CAPSI Gold Club (\$1750 +)
Novopharm
Pharmasave
ratiopharm
Shopper's Drug Mart
Wyeth

Wyeth
Consumer Healthcare





CAPSI National

FACULTY PROFILE:

UNIVERSITY OF BRITISH-COLUMBIA

THIRD YEAR CURRICULUM

COURSE (CREDIT HOURS): DESCRIPTION
Pharmacy Skills III (2): Legal, technical and professional aspects of dispensing prescriptions and providing pharmaceutical care, primarily for community pharmacy practice.

Biomolecular Pharmaceutical Chemistry II (4): Chemical principles and their application to drugs used to regulate enzyme activity.

Biomolecular Pharmaceutical Chemistry III (3)

Pharmacology III (3): The pharmacology of selected drug classes.

Pharmacology IV (3)

Therapeutics III (2): Rational drug therapy, management of patient-specific drug-related problems and therapeutic monitoring of selected disease states.

Therapeutics IV (2)

Directed Studies in Pharmacy Practice (3): Individual assignments involving library and field work investigations of problems associated with pharmacy practice.

Non-Prescription Drugs and Natural Health Products III (1): The use of non-prescription drugs and natural health products for selected conditions.

Non-Prescription Drugs and Natural Health Products IV (1)

Structured Practical Experience II (3): A 160-hour community or institutional pharmacy clerkship

Pathophysiology II (1): Pathophysiology of selected disease states.

Pathophysiology III (1)

Cases in Pharmaceutical Sciences III (3): Case studies and other activities integrating scientific and clinical concepts.

Total Credit Hours: 32

FOURTH YEAR CURRICULUM

Pharmacy Management (3): Application of management principles to pharmacy operations.

Structured Practical Experience III (12)

Structured Practical Experience IV (6)

Cases in Pharmaceutical Sciences IV (3): Case studies and other activities integrating scientific and clinical concepts.

Electives (9)

Total Credit Hours: 33

INTERNSHIP HOURS FOR PROVINCIAL LICENSURE: 0

Results of the CAPSI National Executive Elections '06-07

General Elections for the 2006/2007 CAPSI National Executive Council were held at Professional Development Week (PDW) 2006 in Montreal Quebec. Bi-elections for the positions of Vice-President Education, Vice-President Communications and CAPSIL Editor were held during the month of February.

Thank you to all candidates who ran for positions and congratulations to your newly elected representatives. Your 2006/2007 CAPSI National Executive Council:

President	Mattias Berg	UBC
President-Elect	Omelayo Famuyide	U of Manitoba
Executive Secretary	Sandy Cheng	UBC
Vice-President Education	Derek Lee	UBC
Vice-President Communications	Jolanta Piszczek	UBC
Vice-President Interdisciplinary Affairs	Sheldon Baines	Memorial
Finance Officer	Bruce Liao	U of Alberta
CAPSIL Editor	Cynthia Lui	U of Manitoba
IPSF Liaison	Hillary Adams	U Saskatchewan

CAPSI National Competition Winners

On behalf of CAPSI national council, I would like to congratulate the following people for winning the National competition!

PATIENT INTERVIEW COMPETITION:

1. Kristin Shaw (U of Toronto)
2. François Gauthier (U de Montreal)
3. Erika Maher (Dalhousie)
4. Isabelle Joyal (U de Montreal)

COMPOUNDING COMPETITION:

1) Memorial university

Lorie Duggan
Jeremy Parsons
Justin Peddle
Jody Pomeroy

2) Universite de Montreal

Alexandre Ferland
Jean-Philippe Roy
Jeremi Lupien
Jean-Maurice Weibel

3) University of British-Colombia

Laura Burgess
Jackie Horie
Jen Boers
Cassandra Elstak

4) University of Manitoba

Robin Oliver
Lavtej Sekhon
Colin Repchinsky
Curtis Hughes

OVER-THE-COUNTER COMPETITION:

- 1- Leah Malo (UBC)
- 2- François Gauthier (U de Montreal)
- 3- Catherine Jones (U of Saskatchewan)
- 4- Kim McIntosh (U of Manitoba)

PHARMAFACTS BOWL:

University of Toronto:

Alexander Vuong
Brian Hemens
Baharak Nemati
Andrew Armstrong

Good job guys, and keep up the good work!

Jinny Cheng
CAPSI VP Education
4th Year, University of British-Colombia



NHPN and Inter-Disciplinary Care

In the first issue of CAPSIL this year, I wrote about the NHPN (New Health Professional Network). As I told you at that time, this organization is really proactive in promoting a single-tier publicly funded health care system within all of Canada.

Recently, The Ministry of Health in Ontario contacted the NHPN and asked what our specific organization had to offer about interdisciplinary care, how all the healthcare professions could work together, and how we would make this work in practice. From there, it was suggested that the NHPN write a national policy on this particular issue, and a committee was put together to fulfill that objective. As Vice-President of Inter-disciplinary Affairs of CAPSI, I am a member of this committee and work with representatives from other student organizations.

We decided to have a dual approach for addressing that policy and consider both the educational perspective and the policy perspective.

We chose the first perspective because we first have to learn about each other's profession before we can consider how we can work together. What we can do for each other in practice is something that we can start to work on within our school curriculums, through skills and abilities-oriented programs. This interdisciplinary approach to learning seems to be a popular curriculum trend at the moment -at least in the province of Quebec. Members of the committee want to look at what is currently done at

the Universities across Canada, and what new developments are underway at the different schools and programs.

For the second perspective, we thought that a first step would be to identify barriers to interdisciplinary care. We could then consider how we would make interdisciplinary care work in practice. To produce a realistic, useful and representative policy, we thought that it is necessary to interview many health associations, even the one that are not associated with the NHPN. Reaching some patients organizations is also one of our ideas, in order to get their perspective of interdisciplinary health care, and how they would see it work best.

The work on this policy only started a couple of weeks ago, and our goal is to produce a first draft within the next two months. Of course, all CAPSI members' opinions and ideas are welcome, and I'll take them with serious consideration. Hopefully, some great ideas will come out of this policy, and it will make our health care system a little better -first for the patients, but also for the health care professionals that we will be!

Dominique Boivin
CAPSI VP Inter-disciplinary Affairs
2nd Year, Laval University
titdom@oricom.ca

Let it change your world

OPEN FOR ENTRIES

DEADLINE: SEPTEMBER 27, 2006

>>Enter the Commitment to Care Awards for Student Leadership and be recognized across the country.

If you or someone you know successfully combines strong academic qualities with leadership in pharmacy organizations and/or other professional activities, we want to hear about it.

In addition to a trophy, cash prize, trip to Toronto and a publicity campaign including a write-up in *Pharmacy Practice*, you will mingle with the who's who of pharmacy at a gala ceremony.

Look for more information and an entry form online at www.pharmacygateway.ca.



>>EARLY BIRD PRIZE

The first 10 entries receive a ROOTS leather travel bag.

>>NOMINATION PRIZE

If you nominate someone who is deemed a winner, you win \$200.

SPONSORED BY





FACULTY PROFILE:

UNIVERSITY OF ALBERTA

THIRD YEAR CURRICULUM

The knowledge component focuses on pharmacy management and provincial & Canadian healthcare. As described in the previous issue of CAPSIL, an integrated module approach is adopted. A comprehensive assessment course is held at the end of the third year. It includes a review component as well as knowledge and skills assessments.

Fall:

**Oncology
Infectious Diseases
Management
Neurology
Psychology**

Time available for option

Winter:

**Infectious Diseases Part 2
Pulmonary
Provincial & Canadian Health
Bone and Joint
Endocrine
Women's and Men's Health**

End of Year 3: Comprehensive Assessment.

FOURTH YEAR CURRICULUM

The fourth year of the program is split into two sections. One twelve week term includes course work in both specialization electives (3 courses) and well as open electives (2 courses). The other term of sixteen weeks is devoted to experiential rotations to enhance the students' skills in pharmacy practice.

INTERNSHIP HOURS FOR PROVINCIAL

LICENSURE: *Applicants are required to complete a minimum of 960 hours of structured practical training - 500 hours through the ACP structured practical training program and 460 hours through university curriculum rotations.*

Establishment of CPR Courses at Laval University: A Lasting Success

Last February 11, 12 and 25, 2005, Laval University began offering cardio-pulmonary resuscitation (CPR) and first aid courses to third year students. This program began last year with the initiative of the then VP External Affairs of AGEPU (the student association at Laval University), Guylaine Ricard, and was carried out by this year's VP, Jonathan Caron; it was a huge success. The students were also able to integrate the CPR course into the curriculum -an amazing accomplishment. As such, CPR courses will soon be mandatory for students next year.

The pharmacy students at Laval University were well aware of their lack of CPR skills for a few years. As the most accessible health professional, it was unacceptable that a pharmacy curriculum not offer first aid courses. As a result, the student representatives on the curriculum committee, Sonia Badeaux and Caroline Talbot, asked that CPR training become mandatory. The faculty understood the relevance of such training, but they mainly resisted the implementation of the project due to the major obstacle of planning and the high cost involved.

Without the support of Dr. Marjolaine Tremblay, professor and president of the curriculum committee, it would have been a lot more difficult to obtain a positive response to our demand. In fact, Dr. Tremblay agreed to integrate CPR training into one of her pathophysiology courses -to be included in the section on the cardio-pulmonary system.

First year students of our program will therefore be the first to receive mandatory CPR training included in their pathophysiology class.

It is obvious that this announcement has satisfied the entire student population. To include those on the old curriculum, Jonathan Caron took the necessary steps to set up CPR training for third year students. Ninety-one students took the course this year, which was given by St. John's Ambulance. It was an 8-hour training session which included CPR and First Aid skills. Bleeding, burns, poisoning, bites and stings, minor injuries and also specific health conditions (diabetes, epilepsy, asthma and allergies) were all addressed in the training. In front of such achievement, it is obvious that this activity will be back next year.

The establishment of CPR training as part of the curriculum at Laval University represents a huge step for the students. It also illustrates the result of a rich cooperation between the faculty and the students. The student representatives supported their own opinions with determination and the faculty acted with comprehension and cooperation. Thanks to everyone who was a part of this project!

Jonathan Caron

VP External Affairs AGEPU, 3rd Year

Caroline Talbot

VP Internal Affairs AGEPU, 3rd Year

Laval University

where CPR is part of the curriculum across Canada:

Not offered

University of Montreal -not a graduation requirement

Offered via Curriculum

University of Saskatchewan (4th year)
Dalhousie University (3rd year)
Memorial University (2nd year) -newly implemented
Laval University (1st year) -newly implemented
University of British-Columbia

Offered via Other:

University of Manitoba -available via student council -not a graduation requirement

University of Alberta - available via student council - a graduation requirement

University of Toronto -available via class councils -a graduation requirement



Recycling for Pharmacies

In the past year, the Alberta Pharmacy Student's Association (APSA) has started a project that could affect all the pharmacies in Edmonton. It is the brainchild of Tony Nickonchuk, VP Public Affairs for APSA. This is the first of its kind in Edmonton: a city wide pharmacy recycling program. Eight pharmacy students have already volunteered their pharmacies to be the pioneers of the pilot project being run in conjunction with the City of Edmonton Waste Management Division. If everything runs smoothly, then in a few months, all pharmacies can use this service.

How it works is that instead of pharmacies throwing their bulk pill containers into the garbage, they throw them into a clear plastic bag that can be dropped off at any city wide recycling green box. The waste management people pick them up and melt down this valuable plastic and use them to make more bottles, park benches, tetra-paks or other objects.

Oil and gas may seem abundant in Alberta, especially since the announcement of a 7.4 billion dollar surplus due to oil and gas royalties, but the consequences of it are seen all around the world and in

Canada. Asthma is now affecting 1 in 10 Canadians. Smog is now so prevalent that people in major cities do not even mention it anymore.

This example shows that even at a student level, we can make changes that impact cities. If you see that your pharmacy is throwing out precious recyclables and you want to make a difference, you can. It just takes a few phone calls.

Judi Lee
CAPSIL Rep

2nd Year, University of Alberta

Entry-Level Pharm-D at the University of Montreal

In 2005, the announcement of the implementation of an entry-level Pharm-D program at the University of Montreal sparked great enthusiasm by the student population. This program was designed to follow the evolution of pharmacy practice, but what will it really consist of?

First of all, it is important to note that faculty members and students have been working together on the Pharm-D Committee -whose job is to develop the structure of the program. The aim is for the Pharm-D program to emphasize systematic learning: the foundation of the program. Right now, at U de M, the different courses are given without strong relationships between them or, as we like to say, the courses are given in "silos". In other words, first year students learn anatomy, physiology, pathology, biochemistry, medicinal chemistry and physico-chemistry. Then, in the subsequent years, they learn the base principles of the clinical practice of pharmacy, that is: pharmacokinetics, antibiotherapy, clinical biology, pharmacotherapy, toxicology, pharmaceutical care, etc. Therefore, the students have to rely on themselves to understand the relationships about each human system from all the different courses because this aspect of learning is not addressed in the undergraduate program.

Thus, the Pharm-D will have a more integrated approach. In second year, students will start to learn different systems: haematology, nephrology, gastrointestinal, cardiology, etc. These "system classes" will all integrate physiopathology, clinical biology, medicinal chemistry, compounding, pharmacology, pharmacokinetics, toxicology and pharmacotherapy. We hope that this approach will allow the student to fully integrate all the

knowledge they will learn in the 4 year program.

The rotations will also be better integrated to the program. Instead of rotations depending on the Quebec Pharmacist Order (the regulatory body in Quebec) -completed at the end of each year- the rotations will be under the supervision of the Faculty of Pharmacy and associated clinical pharmacists trained to be "rotation masters". This will allow students to benefit from standardized and optimal rotations.

In addition, it seems that computer-usage will play a large role in the program. Actually, the students will all have to buy a laptop worth \$2200; although the details surrounding the use of these laptops are not clear.

At the moment, many questions remain unanswered. Will the Pharm-D really be introduced in 2006-2007 as originally planned? Apparently, that's less than likely to occur, as we are already in Mid-March 2006 and no concrete plans have been laid out. Will the Faculty's resources all be put in the PharmD program, forsaking the students still in the undergraduate program? What will be the legal and societal differences between a Bachelors's of Pharmacy and a Pharm-D? The introduction of laptops will raise tuition fees for pharmacy students by about \$2200. Is this raise truly justified? What could this recommendation have been based on? Enthusiasm? Sincerely, with all this uncertainty, doubt is all that remains.

Alexandre Ferland
CAPSIL Rep

3rd Year, University of Montreal

Are you for or against a mandatory entry-level PharmD program? Should Canadian schools follow the American model? What are the implications of a Pharm-D program at the University of Montreal for the other pharmacy schools? Go to www.capsi.ca/forum.



FACULTY PROFILE:

UNIVERSITY OF SASKATCHEWAN

THIRD YEAR CURRICULUM

Pharmacy Skills III: includes skills required to provide drug info to consumers through the Drug Information Centre, a first aid course and workshop to further patient interviewing and assessment skills.

Pharmaceutical Dosage Forms and Dispensing III: Sterile Dosage Forms
Pharmaceutical Biotechnology
Management in Pharmacy
Issues in Pharmacy I

Pharmacotherapeutics I: the study of the clinical application of drug therapy in various disease states, including medicinal chemistry, applied pharmacokinetics, adverse effects or interactions, and toxicology.

Pharmacotherapeutics II
Patient Care II

Evidence-Based Practice: continuing the development of skills in drug literature evaluation and the application of research findings to patient care situations or the development of standards of care.

Structured Practical Experience III

Total Credit Hours: 35

FOURTH YEAR CURRICULUM

Pharmacy Skills IV: includes skills required to provide drug info to health professionals through the Drug Information Centre, a CPR course and a workshop to further problem-solving skills in the area of drug information retrieval and provision.

Issues in Pharmacy II: A study of pharmaco-epidemiologic and pharmaco-economic issues affecting health care and pharmacy practice.

Pharmacotherapeutics III

Patient Care III: the study of drug therapy considerations for specific patient populations such as the elderly, neonates, infants, children and pregnant women. New strategies for disease management (e.g., care plans, ambulatory care clinics) will also be covered.

Structured Practical Experience IV: includes a community pharmacy and hospital and an additional practice site related to pharmacy.

Pharmacy Elective - 3 credit units

Total Credit Hours: 30

INTERNSHIP HOURS FOR PROVINCIAL LICENSURE: At the moment: 1040 hours under the direct and personal supervision of a licensed pharmacist, 340 hours of which is served after completion of the program. This is currently under review, and it is anticipated that students will be able to meet most or all of these requirements by the time of graduation.

A Message to Pharmacies: **BUTT-OUT!**

What if I told you that pharmacies are considering selling a drug that is known to cause heart disease, peripheral vascular disease, stroke, emphysema, and a most unpleasant myriad of cancers? How about if I said that this drug has negative effects on nearly every organ of the body and is directly and indirectly responsible for 45,000 deaths in Canada annually⁽¹⁾? What would you say? How would you react?

If you find this shocking and outrageous, then consider this: such a drug already exists and is currently used by 21% of the Canadian population. Even more appalling is the fact that this drug is sold by Canadian pharmacists in Canadian pharmacies. What is this terrible drug? If you guessed tobacco, then you guessed right!

In 2001, the Canadian Pharmacists Association (CPhA) released a Joint Statement on Smoking Cessation⁽²⁾. The two key principles asserted in the statement were:

1. There is a leadership role for health professionals in smoking cessation and prevention, and in protection public from the harmful effects of tobacco smoke.

2. Helping smokers stop smoking is one of the most important services a health care provider can offer.

With this in mind, how is it even conceivable for pharmacists to continue to work in pharmacies that sell tobacco products? Can a pharmacist truly fulfill his/her role in helping a smoker stop smoking if that same smoker is purchasing his daily carcinogen fix from the pharmacy itself?

All is not bleak. Currently, seven of Canada's 13 provinces and territories have laws against pharmacy tobacco sales, with Prince Edward Island being the latest province to institute the ban⁽³⁾. However, pharmacies in British Columbia, Alberta, Saskatchewan, Manitoba, the Yukon, and the Northwest Territories - i.e. Western Canada - still sell tobacco products. This should not be acceptable to any health care professional, and especially not pharmacists. One reason for the lag of these provinces to outlaw tobacco sales may be the concern that banning tobacco sales would have an

economic impact on pharmacies. However, pharmacy tobacco bans have been in place for over a decade in Ontario, and there has been no evidence that pharmacy revenues have been impacted adversely in that time⁽³⁾.

It is important that pharmacists rally together and advocate on behalf of public welfare. To start, we can form a national coalition of pharmacists against smoking - something akin to Physicians for a Smoke-Free Canada. A search of the CPhA website lead me to a link to the Global Network of Pharmacists Against Tobacco; alas, this association's internet domain name (<http://www.pharmacistsagainsttobacco.org>) expired last month and has not been renewed (does this indicate general pharmacist apathy??). Clearly, there are still many opportunities for advocacy, and we must do all that we can to show that pharmacists truly care about their patients.

So, what can we, as future pharmacists, specifically do in this battle against tobacco? For one, pharmacy students (especially those from Western Canada) can write to their provincial pharmacy organizations, to their MPPs, to their MPs, and to anyone in a position of power over this issue, and voice their concerns. We can also refuse to work for any company that allows tobacco sales; as we near graduation, all sorts of retail operations will be looking to enlist us to join their pharmacy teams, and we must make it clear that we will not be employed by any hypocritical businesses.

No pharmacist should read the above facts and figures and not feel that he or she has a duty to advocate for tobacco bans in pharmacies. Let us not be satisfied until all Canadian pharmacies are smoke-free!

Mayce Al-Sukhni
3rd Year, University of Toronto

References:

- (1) Smoking and Your Body. Health Canada. http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/body-corps/index_e.html (accessed Feb 26, 2006)
- (2) Joint Statement on Smoking Cessation. Tobacco: The role of health professionals in smoking cessation. Canadian Pharmacists Association, 2001. http://www.pharmacists.ca/content/about_cpha/Who_We_Are/Policy_Position/Smoking_Cessation_Joint_Stat.pdf (accessed Feb 26, 2006)
- (3) Tobacco-Free Pharmacies. Physicians for a Smoke-Free Canada. January, 2006. http://www.smoke-free.ca/pdf_1/pharmacy-background.pdf (accessed Feb 26, 2006)



How to Get the Most Out of Your Practice Experience Program Rotation

Just showing up and meeting the minimum requirements for your rotation is adequate. Bringing an enthusiastic attitude is much better. To make your rotation useful for you and your preceptor, bring a desire to learn and some initiative to make things happen. Your preceptors want the best experience for their students, but they are busy people and it is your responsibility to make the most of every possible situation.

Arrive with a positive attitude and a desire to push yourself. Prior to arrival try and think of topics that interest you, weaknesses that you may have, or areas for improvement. It is beneficial for both parties if you show up with a "game plan" for the rotation.

Don't forget that your preceptor is there to answer questions and to guide you. Ask, even if you feel silly, because this is one of the last opportunities of its kind.

An example of taking initiative is being proactive and requesting some drug reviews from your preceptor. They can provide a counseling perspective that is different than what you learned in school that they picked up through their experiences

with real patients. Though you may feel that you have a great deal experience in counseling on OTC medications, your preceptor may provide you with information that can only come with practice.

For example: Lacto bacillus capsules must be refrigerated after they have been opened or Nicoderm and Habitrol patches have different quantities of cigarettes that a person would smoke prior to beginning "Step 1" patches (Nicoderm = 10 cigarettes and Habitrol = 20 cigarettes).

Deciding that you want to participate, not just to pass your rotation, but because it is an experience that could make you a better pharmacist is my most important suggestion. People count on and trust us as pharmacists, so each learning opportunity should be taken with a full heart and an open mind.

Renee Susin

CAPSIL Rep

4th Year, Dalhousie University

What advice do YOU have about the experiential program? Do you think pharmacies should sell tobacco products? Speak out on the CAPSI Message Board. www.capsi.ca/forum. See back page for details.



STRENGTH LIKE NO OTHER™



✓ GLOBAL EDGE



✓ PRODUCT LEADERSHIP

✓ CUSTOMER COMMITMENT



CAPSIL Contest

FACULTY PROFILE:

UNIVERSITY OF MANITOBA

THIRD YEAR CURRICULUM

Pharmacy Skills Lab (PSL-3) (2)
Principles of Professional Practice (3)
Medicinal Chemistry 2 (3)
Clinical Pharmacy 2 (10)
Pharmaceutical Analysis Lab (3)
Natural Products (3)
Clinical Pharmacokinetics (4)
Principles of Scientific Literature (2)
Principles of Biotechnology (3)
Structured Practical Experiential Program 3 (4)

Total Credit Hours: 37

FOURTH YEAR CURRICULUM

Current curriculum:

Required Courses:

Clinical Pharmacy 2 (6)
Toxicology (3)
Current Topics (3)
Pharmacy Administration (3)
Pharmacy Practice 4 (10) (4 weeks of hospital rotation, 4 weeks of community)

Elective Courses:

Pharmaceutical Sciences Laboratory (3)
Medicinal Chemistry 4 (Drug Design) (3)
Geriatric Drug Therapy (3)
Clinical Infectious Diseases (3)
Analytical Forensic Toxicology (3)
Pharmaceutical Antioxidant Chemistry (3)
Pharmaceutical Health Policy (3)
Pharmacy Issues - (Writing Publications) (3)
Introduction to Biotechnology (3)

Total Credit Hours: 34

Fourth Year Curriculum (Pending Implementation 2006-07)

Pharmacy Practice Management (4)
Clinical Pharmacy 3 (4)
Toxicology (3)
Current Topics (3)
Structured Practical Experiential Program 4 (10)
Electives Program (10)

Under the new curriculum, rotations will include 6 weeks each of hospital and community rotation, plus a seven week elective which is project/research based.

INTERNSHIP HOURS FOR PROVINCIAL LICENSURE: 360 hours (9 weeks of 40 hours)

CONGRATULATIONS TO THE CAPSIL WINTER CONTEST WINNER: **AMY PHAM**

In our last Winter Issue, we asked readers some hard-hitting questions about their thoughts on the profession such as: Tell us where you think the profession is heading. Where would you like your degree to take you? One student felt compelled to answer. And in return she gets her thoughts published and \$25. I honestly don't know which is better. Luckily for Amy, she doesn't need to choose. Read her article below about where she thinks the profession is heading and then just below that for your next chance to win \$25.

WHERE IS THE PROFESSION OF PHARMACY HEADING?

The future of pharmacy will be one of tremendous change. Due to demand from patients, pharmacists, other health care professionals and government, the role of pharmacists will expand. Pharmacists' tasks will become less technical and more clinical. However, expanding the role of the pharmacist can not be done in isolation. As a result, the role of pharmacy technicians must also expand.

Pharmacists will move out of dispensaries to take on increasing responsibility for direct patient care. Pharmacists will collaboratively prescribe medications in certain situations. As well, pharmacists will become more involved in health promotion/disease prevention, along with monitoring and managing long term conditions. Counseling and dispensing emergency contraception, conducting extensive medication consultations, and working in collaborative practice models will become increasingly prominent.

Pharmacist will also be highly involved in the event of future public health crises such as the flu pandemic. In hospital, we will see more pharmacists becoming leaders in their fields of expertise. Pharmacists will continue to develop their own specialty practices in areas such as infectious diseases, anticoagulation, and cardiovascular disease.

To fill these expanded roles, pharmacists will require additional education and training. Continuing education and the Pharm D program will play a vital role in helping to prepare pharmacists to accept these new responsibilities. In addition,

motivation and unity of pharmacists must be achieved through pharmacy committees and organizations at the regional, provincial and federal levels. This will lead to a greater momentum in moving our profession forward.

As the profession of pharmacy moves towards a more clinical practice model, it is clear that there will be a need to expand the role of and regulate pharmacy technicians. Regulated pharmacy technicians will assume authority over certain technical aspects of dispensing prescriptions, including: receiving new or repeat prescriptions from health care providers, transferring and receiving prescriptions from other pharmacies, checking pharmaceutical products prepared by another technician, and confirming the accuracy and completeness of pharmaceutical products prepared for release. The purpose of pursuing technician regulation is to have an accountable professional who is responsible for working with the pharmacist, so that the pharmacist can be freed up to provide more patient-oriented services.

As a profession, we must be educated, motivated and unified to expand pharmacy practice. As pharmacists, we have a lot to offer, and we must continue to strive to put all of our skills into practice by properly utilizing pharmacy technicians to support us in optimizing our role in patient care. Only then will we be able to proceed towards changing pharmacy practice.

Amy Pham

4th Year, University of Toronto

***Enter to Win \$25* by filling in the blanks about your thoughts on the CAPSIL this year and emailing them to: cynthialui@gmail.com:**

1) I enjoy reading []. 2) I usually skip over []. 3) I would like to see more of [] and less of []. 4) I read the CAPSIL because of [].

By the way, sweetening your answers for suck up points will not work. Honesty is the best policy.



Learning about HIV-AIDS Care in British Columbia

As I began the fourth year tradition of SPEP clerkships earlier this month, I was slightly apprehensive, perhaps a little more than some of my peers. My institutional rotation was to be completed at the Ambulatory Pharmacy at St. Paul's Hospital in Vancouver, servicing outpatients on antiretroviral and immunosuppressive therapies, for HIV and transplants respectively. Part of my apprehension was due to the fact that many of the requirements for the clerkship related to inpatient care, which I would not have much experience with during the month-long rotation. A larger source of my worries was my incompetence with antiretrovirals (ARVs) and the care of HIV+ patients, both of which would be a large part of every day this month.

My pharmacy education only dedicated a total of six hours to HIV/AIDS and I have no recollection of any mention of related topics outside of those lectures. (I am in the last year of the "old" curriculum and this dearth has been initially addressed by an interdisciplinary elective devoted to HIV/AIDS). Needless to say, I spent the first couple of days learning about HIV/AIDS and getting familiar with the ARVs. Once I knew enough to follow the patient care in the pharmacy, I became involved with patient interaction.

Most of the interaction in the ambulatory pharmacy involves dispensing refill medications. The pharmacist has 15 minutes with each patient, which may seem like eons to pharmacists more familiar with Shoppers, Pharmasave, or Safeway.

However, the care of HIV/AIDS involves unique intricacies, requiring that the pharmacist make the most of the time available. In addition to counseling related to the patient's general health and the use of and tolerability of ARVs, the pharmacist is commonly the healthcare provider reviewing a patient's labwork. The patient needs to be made aware of how she or he is doing in terms of viral load and CD4 counts, as well as the lab parameters related to possible side effects of the drugs. Dispensing is completed within the 15 minutes as well. For patients stable on ARVs, the interaction with the pharmacist in the ambulatory pharmacy is the only chance for dialogue surrounding their AIDS care with a healthcare professional in three months.

The 15 minute appointment is also an opportunity for the pharmacist to update the patient's medication profile. ARVs are not listed on Pharmanet, the provincial drug database, updated with every prescription filled in BC. The exemption was made to respect patient privacy, but there have been initiatives to change the current practice. As a result, pharmacists in community pharmacies and other institutions are unaware of any ARVs the patient is taking, potentially missing the many drug interactions possible with ARV therapy. As such, it is important for the pharmacist in the ambulatory pharmacy to bring up a Pharmanet profile for the patient and record any new prescriptions, discontinued medications, and non-prescription drugs. All patients are made aware that any

new medications, whether prescription, OTC, or natural products, should involve communication with one of the pharmacists at the ambulatory pharmacy (a 24 hour, toll-free pharmacy hotline is available).

The ambulatory pharmacy is part of the provincial HIV/AIDS care strategy. All ARVs in the province are paid for by the British Columbia Centre for Excellence in HIV/AIDS, which receives its funding from the BC Ministry of Health. It was decided to provide ARVs to patients at no charge because the costs of non-adherence to HIV therapy would outweigh the cost of drugs. In addition to developing and providing rational and cost-effective treatment protocols, the mandate of the Centre for Excellence (CfE) also includes research related to treatment of HIV and related diseases, providing education programs to healthcare professionals, and monitoring the epidemiological impact of AIDS in the province.

With a little more than one week left in my rotation, I am glad that I was matched with this site. I learned a lot about HIV/AIDS and the provision of care in BC, as well as see a patient population that I wouldn't have otherwise experienced. In fact, if I end up failing my rotation because my work didn't involve enough inpatient care, I would gladly request this site again.

Anthony Tung
CAPSI Senior Rep
4th Year, University of British-Columbia

READER PARTICIPATION ALERT!!

*Share your stories (or your friend's) from your structural practical experientials (aka "rotations") in this new section called: "**Rotation Heaven/Hell**". Keep an eye out for stories over the summer and send them to: cynthialui@gmail.com.*



FACULTY PROFILE:

UNIVERSITY OF TORONTO

THIRD YEAR CURRICULUM

Systems Pharmacology (1.0 credit)

Pharmaceutical Care Ib (0.5): the pharmacist's role in self-medication for mild and/or self-limiting conditions (i.e. an OTC meds course).

Pharmaceutical Care II (1.0): Using series of case studies to learn therapeutics (i.e. our prescription meds course)

Pharmacology/Medicinal Chemistry Tutorial (0.5)

Pharmacokinetics (1.0)

Introductory Toxicology (0.5)

Pharmacy Practice Management I (0.5)

Applications of Pharmaceutical Analysis in Pharmacy and Medicine (0.5): Drug Analysis

Professional Practice III (0.5): topics related to patient medication therapy, critical appraisal of the medical literature, and jurisprudence

Professional Practice III Laboratory (0.5): lab where students apply their knowledge of jurisprudence, therapeutics, drug information and pharmaceutical calculations

Clinical Biochemistry/

Pathophysiology/Pathology (1.0)

FOURTH YEAR CURRICULUM

Pharmaceutical Care III (1.0):

Pharmacy Practice Research (0.5)

Health Systems in Society II (0.5): a course about trends and issues in Canadian health care

Professional Practice IV (0.5) :

Pharmacy Practice Seminar (0.5): a consolidation of both the Professional Practice and Pharmaceutical Care series of courses, students work with "standardized patients" in small group interactions

***and one of three of the following:**

- *Selected Topics in the Pharmaceutical Industry (0.5)*

- *Pharmacy Practice Management in the Community (0.5)*

- *Institutional Pharmacy Practice Management (0.5)*

***Plus Pharmacy Electives**

- *Aboriginal Issues in Health and Healing (0.5)*

- *Radiopharmaceuticals in Diagnosis and Therapy (0.5)*

- *Selected Topics in Nuclear Pharmacy (0.5)*

- *Selected Topics in the Pharmaceutical Industry (0.5)*

- *Introduction to Paediatric Pharmacy Practice (0.5)*

- *Natural Health Products (0.5)*

INTERNSHIP HOURS FOR PROVINCIAL LICENSURE: 18 hours a week for 12 weeks.

Sponsorship in the Developing Mutually Beneficial Professional Relationships:

Is there controversy in accepting money from pharmaceutical companies? In pharmacy school it may seem that many things have a corporate names attached to them. There is a relationship between students and these companies, which include the pharmaceutical companies and the big chain community pharmacy stores. And perhaps this is also a reflection of what working life will be like, whether working in hospital or community. This is because this relationship also exists in a similar form between us as working pharmacists, and these same companies.

Sponsorship makes many things possible. The new pharmacy faculty building that is currently being built on the University of

Toronto campus would still be a hole in the ground without the help of many generous companies. Student initiatives would still just be ideas floating around. Even CAPSI would be unable to do many of the things that it does, including the agenda, backpacks, padfolios, awards, competitions, and let's not forget, PDW. Student registration fees (of usually around \$140 per student) don't even scratch the surface of all the costs involved in holding a 4 day conference. Consider the fact that even inviting speakers can cost upwards of \$5,000 per invitee for a 2 hour speech.

If all these companies have money to give to schools, then why deny it? The reality is that it takes money to get things off the ground. It takes money to pretty much do anything. It would be difficult to find the money to fund these things elsewhere. We all know that student tuition is high enough, especially here in Toronto (our tuition approaches \$11,000!). These companies have a desire to support students and faculties, and we have initiatives in want of funding. So it seems like a perfect match.

One could argue that accepting the

money is just brand placement and "selling out," but the money is not going to frivolous, indulgent things. Pharmacy students are not going out with dollar signs in our eyes and buying themselves diamond rings or fancy cars. The money pays for things that enrich student life and activities, including academics, athletics, conference subsidies, fundraising, health fairs, and social events.

Working with pharmaceutical companies also increases awareness of the different companies out there. Students are able to build a name recognition ladder

These companies have a desire to support students and faculties, and we have initiatives in want of funding.

It's a perfect match

(i.e. what is the first name you think of when you think of OTCs or prescription drugs). It also allows us to build contacts, through meeting the different reps; most of them are pharmacists

like us with professional integrity intact. The reps are willing to listen to student ideas and they appreciate that they are helping us for reasons other than just promotion of their corporation.

As future professionals we are able to differentiate between selling out and accepting that we can work together with these companies for the benefit of all. Students are aware that the different levels of sponsorship does not equate with the quality of the company or product. And as future professionals, we do take ethics courses and abide by a Code of Ethics once we start working. These are in place to guide our future conducts. We should get used to the relationships that we have as students with these companies, as they will continue to be a part of our practice once we graduate.

Jessica Auyeung
CAPSI Senior Rep
3rd Year, University of Toronto

(with special thanks to **Cathryn Sibbald** and **Justin Lee**, External Affairs Reps of the UT Undergraduate Pharmacy Council)



Faculty of Pharmacy

Tainted Love:

As a child I was taught many things. One of those things was to say please and thank you when I received a gift of any kind. With these values is also instilled a sense of indebtedness to the person who gave me the gift. Now from where I spin in this chair these are normal values and accepted as "proper" in our society. You would never think that these things would ever cause trouble later on in life, but oh if life was only that simple.

Fast forward to years later and here comes Uncle Pharma and his pockets are full. Now he is going to give a gift of money just because he is a caring uncle and "it's the least he can do". There can be no harm in taking a gift and just forgetting about it, right? Is that something that we can actually do, even if we tell ourselves that we are not being swayed, have we not already been imprinted with this general sense of what is "right" aforementioned? Subconsciously we have made a note that there is one more person that we owe a favour to at some point down the road.

Now I can already hear the cries asking for the jaded idealist to get his head outta the clouds and realize how the real world actually turns. Money does make the world spin this much is true, but to assume that there is no agenda behind a financial gift is completely ludicrous.

Quick: ask a first year CAPSI member to name two generic drug companies. Please make sure that they don't trip over their backpacks and leather portfolios. To that I can only say well played. The seed has been sown and the task nearly completed.

This is not to say that once receiving a gift of some binds a person irreversibly. I was thinking more in the way of dipole-dipole than covalently linked. However, kidding

aside, it is not the strength of the string that is tied but rather the principle of it all that is the crux of my argument.

Even if you consider yourself and intelligent, unswayable individual, who would never buy a product just because 4 years ago, while in school, the company gave you a backpack -you can't deny that the brand names stick with you.

The new faculty building at the University of Manitoba is expected to be erected by 2007 and will be named the Apotex Center, Faculty of Pharmacy. It

is presumed that they will also be donated products for our building dispensaries. Now, if you are role playing and learning about

products, and the samples you see your whole undergraduate career are of a certain brand, which ones will you prefer in practice? Which ones will you recognize?

It is integrity that a professional needs to hold most dear to themselves. If everyone can say that they have never made a choice made on brand recognition alone then I guess my point will not hold water. On the other hand if some do perhaps take the easy way out then this is more than a small concern. It is not to say that we can be auctioned off to the highest bidder, but if companies start to see the profession as a commodity, then the point of no return had been past.

All that I can really say is: "This above all: to thine own self be true" and hope that every decision that is made is one of the noblest virtue and not clouded by the ever present dollar bill.

Robin Oliver
CAPSIL Rep

2nd Year, University of Manitoba

What are YOUR thoughts on the subject of Drug Company Sponsorship?

There's no denying their presence. How many pizza lunches and school events have been sponsored by a drug company? How many pens have you actually purchased from the store since entering the faculty? What is the price for these bonuses? Or is there even a concern? Are they simply bonuses and nothing more? Nothing to fuss about?

Share your thoughts and opinions with other students and read theirs at the newly launched: CAPSI ONLINE MESSAGE BOARD at: www.capsi.ca/forum. See the back page of this CAPSIL or your local CAPSI Reps for more details.



Guest Pharmacist Writer

FACULTY PROFILE:

UNIVERSITE DE LAVAL
THIRD YEAR CURRICULUM

Initiation to pharmacy management (2): *staff management, marketing, property right, accounts, insurances.*

Pharmaceutical Care I (3): *patient-cases and written clinical situations used to develop problem solving skills.*

Pharmaceutical Care II (3)

Pharmaceutical Care III (3)

Over-the-counter Drugs (3)

Pharmaceutical consultation (2): *interpersonal communication and the different type of pharmaceutical consultations.*

Pharmaceutical Care IV (3)

Pharmaceutical Care V (3)

Pharmaceutical Care VI (3)

Communication and the Pharmacist (2): *This class will familiarize the student with the education aspect of the profession, with the pharmaceutical consultation in special situations (pediatrics, geriatrics, palliative care, chronic disease, etc) and with interpersonal communication.*

IV Therapy (3): *Preparation and administration of IV drugs: sterile preparations, principles of IM, SC, and IV administration of drugs. Preparation to clinical semester (1)*

FOURTH YEAR CURRICULUM

Clinical semester stage 1 * (3): *Clinical training in hospital or in community pharmacy.*

Clinical semester stage 2 * (3)

Clinical semester stage 3 * (3)

Clinical semester stage 4 * (3)

** The four training periods are completed in 4 different places. 3 of them are in a hospital, and the other one in a community pharmacy. Each training period is 4 to 5 weeks long.*

Clinical semester in pharmacy: pharmacovigilance (2): *Goal is for students to detect and prevent clinically significant adverse events.*

The second semester of the fourth year includes all optional courses. During the baccalauréat, students must complete 24 credits of facultative courses, divided into specific categories.

- 9 credits from a list of pharmacological and science based courses

- 6 credits from a list of social science and management courses

- 3 credits of foreign language -student must pass Intermediate English II (3)

- 6 credits of foreign culture courses

INTERNSHIP HOURS FOR PROVINCIAL LICENSURE: See page 16 faculty profile of Université de Montreal

The Future is Yours: Opportunities for Leadership

By Dorothy L. Smith, Pharm.D.

President and CEO Consumer Health Information Corporation and Honorary Life Member CAPSI



If someone asked you this question how would you respond? ***“How and where do you think you will be practicing pharmacy in 30 years?”*** That’s 2036. This is a tough question and probably there is no person who can accurately answer this question.

I know with absolute certainty that I would never have been able to accurately answer this question 30 years ago. I have learned that how exciting your career in pharmacy will be depends a great deal of how ***you*** respond to the day-to-day challenges and opportunities. CAPSI can open many doors for you as you develop your leadership skills and meet pharmacy students from all across Canada.

I am grateful for all the doors CAPSI has opened to me during my career ... right from the time CAPSI was first founded. It all started in 1967 when the Canadian Pharmaceutical Association (CPhA) established a special

scholarship to help celebrate Canada’s Centennial. One third-year student from each faculty of pharmacy in Canada was selected to be a Centennial Scholar. I was the Centennial Scholar from the University of Saskatchewan and the 15-day trip to Montreal (having fun at Expo, meeting distinguished pharmacists, physicians and researchers and touring pharmaceutical companies), Ottawa (meeting representatives from CPhA and other national organizations) and Toronto (attending our first CPhA Convention) changed all of the Centennial Scholars’ careers and goals. It was the first time in Canada that students from each school of pharmacy were able to get together and learn about each other’s curriculum, training opportunities, etc.

We were all so excited to meet each other when we arrived in Montreal. We also didn’t get very much sleep and were lucky if we had more than 3 or 4 hours sleep each night for the next 15 days! When we arrived in Montreal we were hosted by the Elliott-Marion Company. I think that one of the reasons I respect and enjoy working today with pharmaceutical companies relates back to this trip. Mr. Elliott, VP of Elliott-Marion (or “Uncle Al” as we all called him) introduced us to the pharmaceutical industry and was a true professional. During the next 15 days, we saw pharmacy from every vantage point and met with pharmacists who had chosen careers in research, academia, the pharmaceutical industry, hospital and community practice, government, military, as well as national and provincial pharmacy associations. This was career counseling at its best!

The last stop was Toronto where we were greeted by Dr. Paterson, Chairman of the Pharmacy Canada’s Centennial Committee; Mr. John Turnbull, Executive Director of CPhA; Mr. Doug Denholm, CPhA President. As our time together was nearing an end, we were very disappointed to learn that there were no plans to continue the Centennial Scholarship beyond Canada’s Centennial. The Centennial Scholars met with students from the Undergraduate Pharmaceutical Student Society at the University of Toronto to lay the foundation for a national pharmacy student organization that would make it possible for students across Canada to begin communicating in the same way that the Centennial Scholars had during the trip. We met after the day’s events around a desk in an empty convention room to try to figure



out how to start this organization (which did not yet have a name). Finally, CAPSI emerged!

We were only able to get the basic foundation started. Each Centennial Scholar went back to his/her university and became the first CAPSI rep. Because we did not have the luxury of email, CAPSI got off to a slow start because it was difficult for each college to communicate and we had no funding. We started a chain newsletter (there were no computers then so we had to send the newsletter via mail). It was the enthusiasm of each student body that kept our dream alive.

I am so pleased that CAPSI has not only survived but has flourished. Now that you have built the organization into what it is today, you have so many new opportunities for developing your leadership skills.

IT'S HOW YOU RESPOND TO CHANGE

I think the 1967 Centennial Scholars were just like most of you...lots of enthusiasm, ambition and trying to decide which career path to follow. As I look back, I think every pharmacy student's future career is going to depend on how he/she responds to challenges and the degree of risk he/she is willing to take.

Put Yourself in the Patient's Shoes

The most important thing I have ever done in my career is to look at every practice-related problem as a challenge and tried to imagine what it would be like if I were the patient. This is how you are going to recognize where changes need to be made in our profession. The personal interaction you have with patients is going to be your safety net against robots and computers. It is going to take leadership at every level of practice to learn how to manage the fast-growing high tech culture and still maintain individualized patient care.

I think that every time my career advanced to a new area e.g. publishing, mass media, teaching, patient counseling, it was because I tried to do something different. I wasn't reckless and I carefully weighed the risks against the benefits...and then did everything I could think of to decrease the risks even more. I wasn't always successful the first time and neither will you.

As I look back, I am so glad I did not listen to all the pessimists who repeatedly told me that patient education belonged in the "Ivory Tower" and would never happen in real-life.

Take a Chance

I think one of the things you have to do is take a chance if you have an idea. The key is to become proactive and to stay optimistic. If you believe that you have a good idea and can make a contribution to patient care, go for it.

Don't Give Up

Tell yourself that you won't succeed with every new idea.

If you firmly believe that your idea will help patients and your profession, don't give up. When you run into problems, open up your mind to reasons that things did not work out. Maybe all you have to do is approach things differently.

There is always the possibility that you had a bad idea! If so, admit that it wasn't what you had planned and get the pride factor behind you. Your colleagues will respect you for this. Just strive for excellence and maintain high ethics.

Seek out Good Mentors

One of my professors told me that the first job you take after you graduate could have the greatest impact on your career. He cautioned that too many students accept the job that has the highest salary and do not consider the benefits of lower-paying positions. He explained that money is not the most important criteria in your first position but that every student should look for a position in which they will have opportunities to be involved in innovative practices as well as have mentors who are involved in all levels of pharmacy both provincially and nationally.

When you are working every day in this type of practice, not only will you grow professionally but you will meet leaders in pharmacy who might just remember you and ask you to serve on a committee or give a speech.

Think "Outside the Box"

Start forcing yourself to think "outside the box" and applying experiences from one area to another. It's not always easy to do this but once you have learned the technique you are well on your way to a creative and scientific career!

Never accept the status quo...or you will find yourself stuck in a rut. Take some chances. You will never succeed if you don't take a chance. And don't feel that you will be a failure if one of your ideas does not work out. It just means you have to stand back and figure out another way to jump over the barrier.

The key is to identify the problems in practice and turn them into opportunities. Don't be afraid to create your own opportunities. You just need to be dedicated and committed and proactive.

The CAPSI Experience

CAPSI can give you valuable experience in learning how to contribute to pharmacy practice at the local, provincial and national levels. The rapid changes in health care and the increasing importance of the patient's role are going to continue during your careers...but just at a faster pace! Just remember to fasten your seatbelts!

Staying active in pharmacy is the best way you can say thank you to CPhA for first recognizing the need to bring pharmacy students together. And...all the 1967 Centennial Scholars will thank you for keeping our dream alive!



The Centennial Scholars of 1967 wearing sombreros in Toronto in order to recognize one another in the crowds.



FACULTY PROFILE:

UNIVERSITE DE MONTREAL

THIRD YEAR CURRICULUM

Bloc 01 E (17 credits)

Phytotherapy (2)

Chemotherapy and immunomodulators (1)

Communication (2)

Pharmaceutical legislation and ethics (2)

Pharmacology II (3)

Pharmaceutical approach III (3)

Pharmacotherapy I (4)

Pharmacology III (2)

Bloc 01 F (18 credits)

Nutritional pharmacotherapy (2)

Dermopharmacy (2)

Toxicology & pharmacodependence (2)

Automedication & medical instruments (3)

Pharmaceutical approach IV (3)

Pharmacy, health system & services (3)

Pharmacotherapy II (4)

FOURTH YEAR CURRICULUM

Bloc 01 G - Fall or Winter (3 credits required)

Pharmacotherapy workshop (3)

Bloc 70A optional - Fall or Winter, during Bloc

01 G (9 credits maximum from this list)

Social history of pharmacy (3)

Pharmaceutical problems I and II (2 each)

Pharmaceutical problems II (2)

Marketing & pharmacy (2)

Radiopharmacy (3)

Instrumental pharmaceutical analysis (3)

Community pharmacy management (3)

Pharmaceutical manufacturing (3)

Quality control (3)

Drug industry (2)

Pharmaceutical biotechnology (2)

Hospital pharmacy management (3)

Veterinary products (2)

Pharmacokinetics & physiopathology (3)

Sterile products laboratory (1)

Clinical semester coordination (1)

Bloc 01 H - Fall or Winter (14 credits required)

Clinical Teaching I (7 credits in hospital)

Clinical Teaching II (7 credits in community)

INTERNSHIP HOURS FOR PROVINCIAL

LICENSURE: As required by the Quebec Pharmacist Order (OPQ): First 3 years of program: required **120 hours a year** (min. one in community and one in hospital). **After 4th year: 600 hours in a min. of 4 months** + a training period report to be evaluated. To work in hospital, a master's degree is required. The student receives their licensure while spending 600 hours in their master's program. (This is different in other provinces; it is a 2nd cycle diploma).

Device Review: the iPharmacist

Introduction/Disclaimer:

I should first clarify that I've not only used a Palm before, but I am also very, let's say, tech-savvy. As such, my review/feedback with regards to the Palm and the setup will possibly be very different from a first-time user.

The dilemma: TjX or E2?

I had purchased the Palm TjX because I felt that for the extra \$100, it was worth 4X the RAM that the Tungsten E2 includes. The Wi-Fi was also a bonus, seeing how many Wi-Fi hot spots there are nowadays. The processor for the TjX is also quite a bit faster than the E2, and the screen is larger. The TjX is also slightly heavier (by 15.5g). Being able to switch between a portrait and a landscape screen setting is also really nice for surfing the web. You can check out a comparison chart here: <http://www.palm.com/ca/products/compare/>

In the box:

I found the layout of the box to be very organized. The leather belt clip case that comes with it is sufficient to help prevent minor scratches. If you're really afraid of dropping it though, I would probably invest in the hard case for it (about \$60). It also comes with, an iPharmacist SD memory card. My receipt says it's 64MB. My Palm and the website say it's 128MB.

First things first:

The first thing that I did after taking my Palm out of the box and case, was to put a protective screen covering on it. I have found that I feel a lot better knowing that I've decreased the likelihood of scratching the screen surface. These of course, need to be purchased separately. I, luckily, had some old ones for my Palm V, and just used those. I then proceeded to look through the manual.

I was happy to see that Graffiti 2 stickers were included separately, as well as an extra iPharmacist help sticker. The Graffiti 2 sticker is an excellent reference tool for anyone who is unfamiliar with, or for those who forget certain strokes for Graffiti.

User Manual and Charging:

I found the manual to be pretty standard in it's instructions. It did not indicate how long to charge the iPharmacist for, before first use (I believe this was addressed on the website). It does come fully charged, but companies always say to charge it anyways. I charged mine for just over four hours. Note: even with it is fully charged, it will not tell you that it is charged. The lightning bolt symbol will still show up on the battery bar. The great thing is that the lithium-ion battery has

no memory to it, so charge it as often as you like.

Installation CD:

Upon plugging in the iPharmacist via the HotSync cable, assuming that you have WindowsXP, it should find the new hardware and install drivers. I then popped in the installation CD.

The first thing that the CD will install is the Palm Desktop. Without this program, you cannot HotSync or install further programs on the Palm. Setup was relatively uneventful, except that if you run a firewall and are using the internet through a router, you may not want to install the Palm Updates that the installation program recommends.

I did not HotSync right away because I knew that I wanted to install other programs onto my iPharmacist. I found that the first time I tried to install "Documents To Go" off the CD, upon clicking 'Install' nothing would happen. So I just went to find the EXE file on the CD and installed from there. I did



Tungsten iPharmacist E2 from www.ipharmacist.com



the same for some of the other programs on the CD. I learned that I could not install the Getting Help Starting Guide through the wizard and had to put that on my Palm through the Quick Install function.

HotSyncing:

Now, the first time that I HotSynced this Palm, I could not use NetUpdate. This may have been because I had previously created an iPharmacist user profile. When I did create my user profile before, I found it to be straight forward and easy to do. After logging in, HotSynced skipped the NetUpdate and finished everything else. The log indicated that NetUpdate had not run. I synced again, and NetUpdate then was fine.

I found the interface for the NetUpdate to be nice to look at. I also really liked how it showed each file it was downloading as well as the size of the file, how quickly you were downloading it, where it was being put on the iPharmacist (either the internal RAM or the SD card) and how much longer it would take to finish downloading. For about 18MB of files to transfer to the Palm, I found it took a surprisingly reasonable amount of time to download and transfer over. USB 2.0 and flash memory are excellent.

Lexi-Databases:

I've only looked at a few of the databases so far but I absolutely love the Interact databases. Looking up drug interactions could not be made easier. The user manual provides an excellent quick-start guide to how to use the databases as well.

Palm User guide:

I wish that a Palm user guide had been included in the box. The installation CD includes links to the guides that are on the Palm website, but reading a user guide in PDF format isn't quite the same as being able to flip through a manual.

Database Subscription:

I don't think that the subscription should be activated the day that it was shipped. I would think that when you synced for the first time, that would be when your subscription was activated. I had sent my Palm home so I had to wait two weeks before getting it. I then found out today that my subscription was activated when it was shipped. So I've essentially lost two weeks of my year's subscription.

Final remarks and gripes:

I do hope that FedEx does not leave anyone else's iPharmacist on the front door step without getting a signature. When I had been tracking my package, I learned that it had been left at my house, and that the release was "authorized". I do not recall ever allowing FedEx to do that, and for such an expensive electronic, I would think that they would require a signature. Luckily, my sister went home and brought it into the house for me, but it was five hours after it had been delivered. You can check the tracking for it on the website here:

<http://www.fedex.com/>

Tracking?clienttype=dotcom&tracknumbers=790737543640

I am, however, very happy with how easy and straight forward the setup was (minus my own technical difficulties). I am, of course, still tinkering with many of the other programs that I plan to install. I trust that my iPharmacist will be a very useful tool and a worthwhile investment for at least two years (since that's how long my older Palm lasted, and the only reason I am no longer using it is because the screen cracked when it dropped on the carpet in a class where I was using it to take notes).

I would highly recommend the iPharmacist for anyone who likes to be organized without all the paper, likes technological gadgets, and wants an enormous amount of medication data at their fingertips without lugging around a CPS.

Leanne Fong

2nd Year, University of Alberta

The CAPSI-Apotex iPharmacist Student Program ends March 31st, 2006. Use your coupon before this date and get \$475 off the regular price of either of the two iPharmacist Palm Pilots available. See your local CAPSI reps for more details.

Did you purchase an iPharmacist? Do you love or hate it? Do you use a regular PDA and find it just as useful? Do you have questions about the iPharmacist to ask students across Canada?

Visit the NEW and EXCITING CAPSI Message Board at: www.capsi.ca/forum. See back page of CAPSIL for more details.

CAPSIL IS LOOKING FOR PHARMACY-RELATED REVIEWS: BOOKS, MOVIES, COMPUTER/PDA PROGRAMS.

Get educated this summer, then write a review. Send it to cynthialui@gmail.com.



FACULTY PROFILE:

DALHOUSIE UNIVERSITY
THIRD YEAR CURRICULUM

Critical Appraisal Series II
Women's Health Issues
Infectious Diseases II
Cardiovascular Diseases
Pain and Rheumatology
CNS and Behavioral Disorders
Endocrine Disorders
Pharmacy Skills Laboratory III
PEP Community - 4 Week Community Rotation. 35 Hours/Week Minimum
Objectives of the rotation address drug information, prescription and non-prescription counseling, and in-service presentations.

FOURTH YEAR CURRICULUM

Critical Appraisal Series III
Neoplasms
Liver Diseases
Blood and Immune Mechanism Disorders
Genitourinary Disorders
Pharmacy Administration II
Skills Lab IV
PEP IV - 6 Week Clinical Hospital Rotation
PEP V - 6 Week Clinical Community Rotation. 40 Hours/Week Minimum. The primary focus of the rotation is intended to be clinical.
Nova Scotia:

INTERNSHIP HOURS FOR PROVINCIAL LICENSURE:

Nova Scotia: 20 week structured experience practice program,- 16 weeks unstructured experience practice program -8 of which to be completed after graduation.

PEI: as far as the napra website states: none.

New Brunswick: information on website not available at time of print.

NEEMA Project



Dick Nguyen in Tanzania

as CAPSI, a building was erected and the Neema dispensary was officially open on May 27th 2001.

Since it's opening, 47 international participants came to Kiromo village in Tanzania to explore the opportunity of working towards the common goals of Neema Project. I volunteered for the Neema Project because I wanted to apply my knowledge in pharmacy and to help improve the health conditions of rural villages in Tanzania. At first glimpse of Kiromo village, I struggled with conflicting emotions; from shock, to a sense of excitement, and enthusiasm. The village was sparsely populated with homes made from mud and straw, small plots of farm land, and tiny shops. Children ran freely through the village without a care in the world or the need for shoes. I soon realized that poverty existed everywhere in the world, but here in Africa, it was so much more evident.

The Neema dispensary was equipped with an examination room, an injection room, a pharmacy, and a delivery room. The dispensary staff included a clinical medical officer, a nurse, an assistant, and a laboratory technician. My job was to work in the pharmacy portion of the dispensary with 3 other international volunteers. We registered patients before they

For most students, going through four years of pharmacy school meant they've probably heard of or contributed to the development of the Neema Project in some way. It began as a Village Concept Project initiated by two pharmacy students located from two different parts of the world in 1993. Its goal was to be a voluntary, non-political, non-governmental project aspiring to provide sustainable improvements of the living conditions in underprivileged communities such as the villages of Kiromo, Buma, and Mataya. Along with the help of the International Pharmacy Students Federation (IPSF) and many other pharmacy student organizations such





Completed

saw the medical officer, filled prescriptions, and counseled on their medications. There was a 250 Tanzanian schilling fee (~\$0.30 Can) for the entire service which included the medications they received. The fee was manageable for most patients though some could not afford to pay. We realized some had troubles scraping together sufficient funds for "dalla-dalla" (mini-van) transport or had just walked 2 hours from their own villages to seek treatment. Luckily, no one was turned away.

We filled prescriptions in tiny Ziploc bags that had designed pictographic tools to help aid in compliance. One of the volunteers would write out directions and explain them in Kiswahili. I soon discovered that language and literacy wasn't always enough to convey all the information to assist the patient's understanding. How do you describe a medication regimen to someone who has never taking a pill in their life? It was difficult to explain to patients the need to finish a 7 day supply of antibiotics or the need to use boiled water with rehydration packages. For most people, complying with a medication regimen, even with pictographic tools, was difficult to follow.

It was estimated that roughly 36 percent of patients that came to the Neema dispensary were suffering from malaria. Luckily, our stock of malaria treatments was more than sufficient. Unfortunately, for other chronic conditions such as hypertension or asthma, the accessibility of drug therapies was either suboptimal or unavailable at the time. Medical supplies and drugs taken for granted in any developed country were simply not obtainable in this rural community. It was very disconcerting to dispense theophylline tablets to patients diagnosed with asthma, or a two week supply of acetaminophen to woman suffering from chronic rheumatoid arthritis because they were the best available medications at the time. With many other examples of suboptimal drug therapies, one couldn't help but be frustrated.

From previous experiences in third world countries, these setback and low points were to be expected. The dispensary, like most things in Tanzania, was financially challenged. But to my surprise, I didn't expect the many rewards to be so fulfilling. It was amazing to see the recoveries of our sick and dehydrated patients. I had a truly unique experience when I observed the birth of a baby in the dispensary. At that time, I felt such a range of emotions, from absolute amazement to shock, that I found it difficult to put the whole experience in words. Throughout my stay, there were several moments that rejuvenated my spirit.

Over the 4 years since its opening in 2001, the dispensary had gone through significant improvements facilitated by local Tanzanian and international support. Recently, solar panels have been set up at the dispensary to power a vaccine fridge, a light microscope and lights in the delivery room. A mother-and-child program was developed to vaccinate infants, hand out vitamin supplements, and counsel on nutrition and hygiene. Health campaigns on malaria, nutrition, hygiene, HIV/AIDS and STDs, filariasis, etc., were put on in the 3 different villages by the volunteers. At night, some of the international participants tutored English and Math to local schoolchildren and villagers.

On September 25th 2004, the Neema Dispensary was officially handed over to the villagers of Kiromo, Buma, and Mataya and the Tanzanian government. IPSF financially supported and monitored the progress of the project for another year until it was completely incorporated into the governmental structure in August 2005.



In the end, with the ambition of helping others, the Neema project was one of the most rewarding undertakings I was lucky enough to be involved with. Little did I know, the Neema project would be the turning point in my life where I became aware of the global situation and of the difference one can make. I left Africa as an inspired pharmacy student, and I knew that deep down inside, I could only be satisfied now if I yielded to my passion for helping others in need.

Dick Nguyen

2005 Pharmacy Graduate, University of British-Columbia



Are Drug Donations Doing More Harm Than Good?

When a massive tsunami devastated South-east Asia on December 26, 2004, an international relief effort prompted a flood of emergency drug donations to the affected areas. Such a gesture is almost a reflex of the international community when disaster strikes a region. Drug donations are often much needed in these emergency situations, but are they really as beneficial as their donors believe them to be? In the aftermath of the tsunami, Pharmaciens Sans Frontières (Pharmacists Without Borders) set out to find out.

From May to July of 2005, PSF conducted a survey financed by the World Health Organization to assess the usefulness of drug donations to the Aceh province of Indonesia, one of the areas most devastated by the tsunami. Teams of pharmacists and public health experts examined hospitals, warehouses, health centres, storage areas in ports and airports, and national and international non-governmental organizations to see how drug donations were distributed and controlled. The results are summarized below:

Quantity of drugs received:

Although no drug donations were requested, the region received an overwhelming 4,000 tons of drugs for a population of two million people.

Drug donors:

A large and diverse number of donors contributed to decreased efficiency, organization, and control of incoming drug donations. A total of 140 donors were identified:

- 53 Indonesian organizations (non-governmental organizations, companies, national agencies, universities, political parties, army)
- 48 international organizations (governmental and non-governmental organizations, armies, companies)
- 39 foreign governments

Inappropriate drug donations:

The World Health Organization recommends that all donated drugs be listed on the recipient country's national list of essential drugs, however, 60% of drug donations

were not listed on the National List of Essential Drugs of Indonesia.

Many of the drugs were labelled in languages not spoken by local healthcare providers. As many as 70% of the drugs were labelled in foreign languages, including Arabic, Chinese, English, French, German, Hindi, Japanese, Pakistani, Portuguese, Russian, Spanish, Thai, and Turkish.

Furthermore, 25% of the drugs either expired less than one year from the date of donation, were already expired on arrival, or had no expiry date indicated.

Appropriate drug donations:

Many appropriate drugs were received in such large quantities that Aceh had several years' supply of drugs that could not be used before their expiry dates (based on consumption rates current at the time of the survey). These excessive donations included:

- 5 to 8 year supply of oral rehydration salts
- 6 year supply of dextromethorphan 15mg
- 4 year supply of tetracycline 250mg

Storage:

Inadequate storage capacity already posed a major problem in Indonesia before the tsunami hit, and the situation worsened with the damage and destruction of facilities and equipment that resulted from the tsunami.

- At least 30 tons of drugs were found to be stored unsecured in courtyards and open sheds.
- 84% of the sites surveyed did not have air-conditioning to meet proper storage conditions.
- In hospitals, staff office space and patient rooms were used for storage. Corridors were cluttered with emergency drug supply kits.

Waste management:

Taking into consideration only those drugs with no expiry dates or expiry dates less than six months from the date of donation, 17% of all drug donations (600 tons) should have been destroyed immediately. The cost of drug disposal is staggering; assuming the cost of disposal to be four euros per kilogram, the total cost would have been around 2,400,000 euros. Moreover, only

one of two operating incinerators in Aceh is easily accessible; both incinerators have a limited capacity for waste disposal.

The PSF survey concluded by stating that the current practice of drug donations is more harmful than beneficial in an emergency situation when a country's infrastructure, resources, and logistical capacity are already greatly reduced. Not only do inappropriate drug donations pose a serious public health hazard, but they also present an economic burden to the recipient country by straining its resources for storage capacity and waste management.

The Guidelines for Drug Donations, issued by the World Health Organization in 1996 and revised in 1999, was intended to improve the quality of drug donations; however, lack of adherence to these guidelines has resulted in decreased effectiveness of emergency aid in the form of drug donations. Better observation of these guidelines is needed and can be achieved if they are integrated into government policies and supported by organizations involved in drug donations. The PSF even recommends that the guidelines become internationally regulated as a public health protection measure.

In any case, steps for improving drug donations should be taken soon. Recently, natural disasters have been occurring at a disturbing rate across the globe. Earthquakes, hurricanes, tornadoes, floods, and typhoons have resulted in tragic losses over the last couple years. Unless changes are made to the drug donation process, many more innocent lives will be endangered as a result of seemingly good intentions disguised as help.

Elaine Tam
CAPSIL Rep
1st Year, University of Toronto

References:

Study on Drug Donations in the Province of Aceh in Indonesia, published by Pharmaciens Sans Frontières
<http://www.psfci.org/new/uk/Medias/synthesis.pdf>

Guidelines for Drug Donations, issued by the World Health Organization (1996, revised 1999)

http://whqlibdoc.who.int/hq/1999/WHO_EDM_PAR_99.4.pdf



Pharmacists Without Borders: Far Reaching Pharmacy

"Humanitarian Aid is one of the bastions where one can truly believe in themselves and in the power of humanity. 'Belief' is without a doubt a word that has lost some meaning in the Western world...To participate in the rehabilitation of something as essential as health care, and consequently saving lives, is something that will make you really 'believe'."

Taken directly from the official website of Pharmacists Without Borders Canada (PSF Canada), this quote exemplifies the faith in and passion for humanitarian aid held by PSF Canada, especially aid in the form of health care.

Following retirement, Canadian pharmacist Hubert Brault decided to seek volunteer opportunities with a non-profit organization -an organization which could benefit from his pharmacy expertise. It was during this time that he met the founding president of PSF International, Jean-Guy Machuron.

In 1995, Pharmacists Without Borders Canada was launched by its first Board of Directors (including Mr. Brault, Yves Chicoine, and Georges Roy). Since then, PSF-Canada has played the vital role of linking pharmacists and their skills to underdeveloped nations and the people who need them most desperately. Each year, PSF-Canada organizes a multitude of international missions and through these initiatives, strives to meet its main objectives which include training local health professionals to promote the rational use of medications.

Today, PSF Canada is the only branch of its kind in all of North America. At any given time, PSF Canada has at least one hundred volunteers working on missions in partnership with local pharmacists and technicians. In fact, to date, Canadian pharmacists have been involved with missions spanning the entire globe including locations such as Afghanistan, Bosnia, Albania, Ecuador and Kosovo.

What does it take to be a member of PSF missions team? Basically PSF Canada seeks individuals who have experience in developing countries, work well under stress, and integrate well with a team. It is mandatory that all participating pharmacists have a Canadian diploma and a valid license. Mr. Brault, former PSF Canada president, sums it up, "We are looking for people who are open to other cultures, who are mature, intelligent, can adapt to

different situations, and have a lot of patience."

How can students get involved with PSF-Canada? Basically, the first step is to stay updated, explains current PSF Canada President Jean-Michel Lavoie, "They (students) can join the organization as student members. They will receive monthly newsletters and updates on ongoing missions, work abroad and general topics related to humanitarian pharmacy."

"There is a huge interest from students all across Canada," said Mr. Lavoie, "And it has been the case for many years. Up to now, we have not been able to really answer to the interest...but slowly we are developing (in partnership with Universities) a network of sites that would be available to receive students, either during the summer or during school for a short internship."

In fact, CAPSI and PSF-Canada are currently working on the implementation of a contract that will create vital links between the two as well as more opportunities for student involvement with PSF. This contract outlines the responsibilities of CAPSI in the partnership, such as "To provide its members with information on humanitarian operations according to PSF Canada Principles." The agreement also lists the various responsibilities of PSF Canada including, "To support CAPSI to explore ways on improving teaching in pharmaceutical education," and "To provide CAPSI with means of promotion for volunteering in the field."

Mr. Lavoie concludes, "Mainly, we want future pharmacists to know there is another option available...it could be short or long term enrolment."

The medical and societal improvements made by PSF Canada through the practice of pharmacy are quite remarkable. Mobilizing medications for treatment of even the most common illnesses, PSF Canada is saving the lives of many who, otherwise, would have little hope.

For more information regarding PSF-Canada visit www.psfcanada.org or visit www.psfci.org for information on PSF's International Committee.

Megan Jackman
CAPSIL Rep

1st Year, Memorial University of Newfoundland

Other examples of inappropriate drug donations:

Eritrea, 1989

During the war for independence, seven truckloads of expired aspirin tablets were donated that took six months to burn. Also, 30,000 half-litre bottles of expired amino-acid infusion could not be disposed of anywhere near a settlement because of the smell.

Sudan, 1990

War-ravaged southern Sudan was sent boxes that contained collections of small packets of drugs - some already partly used. All were labelled in French, which is not spoken in Sudan. Included in the boxes were contact lens solution, appetite stimulants, mono-amine oxidase inhibitors (which are dangerous in Sudan), X-ray solutions, drugs against hypercholesterolaemia, and expired antibiotics.

Lithuania, 1993

Eleven women temporarily lost their eyesight after using donated closantel, a veterinary antihelmintic that was mistakenly given to treat endometritis. The drug was delivered without any product information or package inserts.

Bosnia and Herzegovina, 1992-1996

An estimated 17,000 metric tons of inappropriate drug donations was received, with an estimated disposal cost of \$34 million (US).

*Adapted from Guidelines for Drug Donations, issued by the World Health Organization (1996, revised 1999)



For Your Information

FACULTY PROFILE:

MEMORIAL UNIVERSITY OF
NEWFOUNDLAND

THIRD YEAR CURRICULUM

Fall-Term 5

Chemotherapy (2)

Therapeutics I (6)

Pharmacy Research and Evaluation II (3):

introduces the biostatistical, pharmaco-epidemiological and pharmaco-economic concepts and develops research skills necessary in applied pharmacy

Immunology (3)

Pharmacy Skills (1): *continues to build on learning skills necessary to pharmacy practice; addresses challenges faced by special patient populations*

Patient Care II (6): *health promotion, disease prevention, and the role of the pharmacist*

Elective (3)

Winter-Term 6

Pharmacy Skills (1): *applies health promotion and prevention through an interprofessional group project*

Therapeutics II (6)

Pharmacy Research and Evaluation III (3): *introduces principles of critical appraisal and allows opportunities to apply these principles to critique and evaluate current medical literature*

Pharmacy Administration (3)

Philosophy (3) (Health Ethics)

Elective (3)

FOURTH YEAR CURRICULUM

Fall-Term 7

Pharmacy Skills (1): *students participate in discussion sessions on current pharmacy issues*

Clinical Toxicology (2)

Patient Care III (3): *focuses on pharmaceutical care considerations in special patient populations.*

Patient Care IV (2): *herbal products and supplements and their uses*

Therapeutics III (3)

Pharmacy Research and Evaluation IV (1): *emphasizes the appropriate application of critical appraisal skills and group discussion to study findings on clinical practice*

Elective (3)

Winter-Term 8 consists of a **Structured Practice Experience**

INTERNSHIP HOURS FOR PROVINCIAL LICENSURE: 44 weeks (which includes the 24 weeks of Structured Practice Experience required by MUN School of Pharmacy) - may be different if the student has graduated from a school that is not MUN.

10 Questions with a Recent Grad: *Hospital Residency* with Eva Cho

1) What school did you graduate from and in what year?

I graduated from the University of British Columbia in 2005

2) What hospital are you currently doing your residency at?

Children's Hospital in Vancouver, BC.

3) Do you currently work in community pharmacy as well? If so, for which pharmacy?

Yes, I'm currently working part-time for London Drugs.

4) What motivated you to go into hospital residency?

I really wanted to have further education, clinical time on wards, patient interaction and impact, while having no money-involved in patient care.

5) From working in both hospital and community pharmacy environments, what aspects from each environment would you bring to the other?

I learned how to talk to patients during my time in community practice. I've also been able to take my experiences from community and apply them to hospital settings. Also from community, I've learned how PharmaCare works (the government medication healthcare), which has helped me ensure the patient's discharge medications will be covered or if they will require special authorization for coverage. All of these aspects of community practice have been an asset to me while working in the hospital as they allow me help the patient upon discharge.

From hospital, I have developed my thought process and in time, will be able to be more efficient at it. I can use these skills in troubleshooting for drug related problems in the community and also have many drug information skills that I have learned from the hospital residency.

6) If someone is interested in hospital residency, how would they go about doing it (the application and selection

process)?

Apply early (check the CSHP website for deadlines), but I believe it's in November (don't quote me) that applications are due. Therefore, if you know you are going to apply, get it done early, and gather all your references well ahead of time.

7) What makes hospital residency different from working in a hospital as a pharmacist right after graduating?

I have the opportunity to practice both as a dispensary pharmacist and to learn more skills to becoming a clinical pharmacist. The skills we learned from the 2 SPEP rotations in 4th year [at UBC] are valuable, but it is not enough to be able to function as a clinical pharmacist on a ward. I not only work as a clinical pharmacist on the ward, troubleshoot, look for drug related problems, and work-up patients, but as a resident, I am learning a lot on a daily basis. The medical team will ask for teaching and information on specific topics, or come to you for drug questions/dosing/evidence; it's like work and school at the same time.

8) What kind of skills have you developed while in residency?

I've fine tuned a lot on my workup of patient therapy, learned to critically analyze papers, prepare presentations (not just to pharmacists, but to doctors, nurses, and medical students), and have learned to answer many drug info questions.

9) What do you plan to do after residency?

Work at a hospital as a clinical pharmacist.

10) What does a typical day of hospital residency consist of?

Going to the ward in the morning to review the patients, attend rounds, present patients and drug related problems to my preceptor, and the rest of the day can vary, but can include counselling, looking up drug information requests, answering questions on the ward from medical students/nurses/doctors, working up patients, presentations, and didactics.

Interview by Jason Park



International Student Exchange Program

It's that time of year again folks... the days are getting longer, first semester seems like ancient history and summer holidays are getting closer and closer. When not studying for exams and working on projects, I'm sure many of you are dreaming of you summer holidays. If you find yourself asking, "What can I do this summer to make it memorable??" -then I have the answer for you!

CAPSI and the International Pharmaceutical Students Federation (IPSF) offer the Student Exchange Program to students from over 60 countries during the summer months. The deadline for Canadian students to apply to go abroad was in mid-January and I am extremely happy to report that there are at least ten Canadian students who will be traveling to France, Egypt, Ghana, Finland and Croatia, to name a few countries.

However, just because the deadline has passed, doesn't mean that all of the students staying in Canada are left out of the fun! The number of students who are able to go abroad each year is directly related to the number of students we can host here in Canada. Therefore, we need a lot of support from Canadian students who stay in the country during the summer--this is your chance to get involved and have a memorable summer!

There are many ways to get involved with the Student Exchange Program:

- 1) Apply to go on an exchange. (Stay tuned for more details about this next year!)
- 2) Find a host site for a student to work-talk to your pharmacy managers at work, your friends who have already graduated, your family...anyone involved with community, hospital or the pharmaceutical industry who

could provide a workplace for a student!

3) Help find accommodations in various cities for a student for a month during the summer.

4) Finally, the last way to get involved is to take a student who is in your city for an exchange out on the town to see the sites!

As you can see, the exchange program is a great opportunity to meet pharmacy students from all over the world, making their trip to Canada, and your summer vacation, much more memorable.

If anyone is interested in meeting some new students, and helping out your friendly neighborhood Student Exchange Officer, please send me an email!

Hillary Adams
CAPSI Student Exchange Officer
2nd Year, University of Saskatchewan
hillary.a.adams@gmail.com

Congratulations to Elaine Tam of U of T, randomly chosen among all CAPSIL article submitters, to win \$75.

Are you website-design savvy?
Would you like to get more involved
with CAPSI National?

CAPSI National is looking for a new webmaster who will be responsible for the design and maintenance of the CAPSI National website:
www.capsi.ca

If interested, please submit a 300 word letter of intent detailing your interest, experience, and desire to work with CAPSI National.

The deadline for submissions is April 30th.

Please submit your letter to:

Mattias Berg
CAPSI National President-Elect
mattiasb123@yahoo.ca

It's never too early to start thinking about PDW...



Visit the Official PDW 2007 Winnipeg website often for information and updates:

www.pdw2007.umphsa.ca/

CAPSI.CA IS PROUD TO PRESENT...

New & Exciting!

Capsi Message Board

Easy to Use

CAPSI National Forum			
A meeting place for all things CAPSI			
Index User list Search Register Login			
You are not logged in.			
CAPSI			
Forum	Topics	Posts	Last post
CAPSI National: Committee Discussions Interested in what the CAPSI National Committees are working on? Read on.... (Moderated by Bobby , ColleenJ , Fiona , Flootofatook25 , Jessica , Jinnv , Josianne , MikeMost , Sandy , Sequinmaxime , Somers , Sophie , Violaine ipsf , admin , alex , cynthia , fauz , iamlramij , irondeau , lhbui2001 , mattias , pharmerboy , pharmacrc , releblan , sbaines , stanlyfranky , ttdom)	6	8	2006-02-28 02:23:33 by admin
CAPSI National: Motions Be it resolved that this forum be dedicated to all motions passed by the CAPSI National Council. (Moderated by Bobby , ColleenJ , Fiona , Flootofatook25 , Jessica , Jinnv , Josianne , MikeMost , Sandy , Sequinmaxime , Somers , Sophie , Violaine ipsf , admin , alex , cynthia , fauz , iamlramij , irondeau , lhbui2001 , mattias , pharmerboy , pharmacrc , releblan , sbaines , stanlyfranky , ttdom)	0	0	
THE STUDENTS' VOICE PHARMACY STUDENTS: Let YOUR voice be HEARD!!!! (Moderated by ColleenJ , Fiona , Jessica , Jinnv , Josianne , MikeMost , Sandy , Sequinmaxime , Somers , Sophie , Violaine ipsf , alex , cynthia , iamlramij , irondeau , lhbui2001 , mattias , pharmerboy , pharmacrc , releblan , stanlyfranky , ttdom)	3	12	Yesterday 17:29:26 by rahul
Just for FUN! What's the deal with Pharmacy? Interesting day at work? Post anything and everything you want right here!! (Moderated by ColleenJ , Fiona , Jessica , Jinnv , Josianne , MikeMost , Sandy , Sequinmaxime , Somers , Sophie , Violaine ipsf , alex , cynthia , iamlramij , irondeau , lhbui2001 , mattias , pharmerboy , pharmacrc , releblan , stanlyfranky , ttdom)	11	49	2006-03-11 17:14:07 by cynthia

0 Trans Fat

- MEET STUDENTS FROM ACROSS THE COUNTRY!
- DISCUSS HOT PHARMACY TOPICS!
- SHARE STORIES FROM THE CLASSROOM & IN THE FIELD!
- CREATE A "USER NAME"!

www.capsi.ca/forum

The Internet: Not just for grandmas anymore