

"THE DIFFICULTY
LIES NOT SO MUCH
IN DEVELOPING
NEW IDEAS....

CANADIAN ASSOCIATION OF PHARMACY

CAPSIL

STUDENTS AND INTERNS LETTERS

...AS IN ESCAPING
FROM OLD ONES"

- J.M. KEYNES



PRESIDENT'S MESSAGE

CAPSI strives to uphold this impression by advocating for the interests of pharmacy students and interns all year round. We work towards providing you with opportunities for growth in both academia and through practical experiences.

By attending conferences and CAPSI events at school, I have met driven pharmacy students from across Canada and in my own communi-

ty that reflect the positive portrayal of pharmacists. Recent graduates have emphasized that engagement both inside and outside the classroom led to a more fulfilling experience as a pharmacy student. I encourage you to take advantage of the benefits of being a CAPSI member and participate in meaningful extracurricular activities! CAPSI's annual PDW conference is fast approaching. It will be hosted in Niagara Falls this year and is themed "Soaring to New Heights." Come meet your fellow peers from across our country in a unique professional setting where you hear from leaders in our profession, engage in some friendly competitions and leave inspired about the future of pharmacy. I

look forward to seeing new and familiar faces at PDW this January! A warm welcome to all new CAPSI members that are joining our "phamily" this year. I can guarantee you that becoming involved with CAPSI will leave a lasting impression on your time in pharmacy school. I challenge you to participate and attend a variety of school events this year, try something new that intrigues you! Welcome back to existing CAPSI members as you embark on another year of studies and a step closer to becoming a pharmacist! I hope you are looking forward to what your CAPSI team has in store for you this year. Follow us on twitter at @CAPSINational, "like" our "CAPSI-ACEIP" Facebook page and your local CAPSI Facebook page to stay up to date!

Enjoy this study break as you read through the fall issue of the CAPSIL. I wish you all the best in the year ahead and look forward to hearing about the successes at your local CAPSI chapter.

All the best,
Kavetha Selvathilagan
CAPSI National President 2015-2016
PharmD Candidate 2017, University of Waterloo

Dear CAPSI Members,
Welcome to the Fall issue of the CAPSIL! This issue marks the beginning of our 2015-2016 academic year. Your CAPSI National council has been hard at work to organize events throughout this upcoming year ranging from guest speakers, CAPSI competitions and awards, Pharmacist awareness month events, community outreach activities and much more. You have likely heard how our profession is rapidly evolving as our scope of practice expands. Newspaper articles, social media headlines and students such as ourselves continuously promote the capabilities of pharmacists as leading health care professionals.

EDITOR'S MESSAGE

Hey CAPSI!

Thanks for checking out the 2015 Fall CAPSIL! I'm so excited to be able to publish my very first issue of the CAPSIL, and have it be full of so many amazing student stories and opinions. So many CAPSI members have been writing in to the CAPSIL to express their thoughts and experiences with one of the hottest topics in pharmacy right now: expanded scope and inter-professional practice.

It may seem like we, as students, can't really participate in expanded scope until after graduation, but it's really quite the opposite! Don't let your lack of license number hold you back; we are the harbingers of this change. The era of "lick, stick, and pour" is ending, and the torch has been passed to us. If you want to see how students are already making a difference, read about how a group of students at the University of Toronto is doing their part to raise awareness about expanded scope. Or, you can check out Rana Khafagy's story about how she implemented a novel antibiotic optimization program during a community pharmacy placement. Not sure if doing medication reviews is really an effective tool? Charlie Gillis gives you

all the reasons you need to start offering this service to your patients. Émilie Mégrouèche gives a taste of the future as she describes her vision of the perfect pharmacy.

CAPSI members are also extending their reach beyond their borders. Check out what students across the country are doing to advocate and educate in the School Showcases from Dalhousie, Manitoba, and Montreal. Students are also making an impact all over the world: don't forget to consider attending the next World Congress in Zimbabwe.

This is the final year of my pharmacy degree, and every year has brought me so many new experiences and perspectives. I love my CAPSI "Pharmily" for constantly doing so many new and innovative things, and inspiring me to do the same. I'm already looking forward to the fantastic PDW 2016 in Niagara Falls that the University of Waterloo has planned for us. I know it's going to be a great conference, and I can't wait to meet more enthusiastic pharmacy students who are ready to



"Soar to New Heights" into the next era of pharmacy practice. I hope you enjoy this issue, and feel free to contact me at capsil@capsil.ca with any questions, comments, or submissions!

Wishing you good luck on exams and a great winter break,
Leah Pritchett
CAPSIL Editor 2015-16
B.Sc.Pharm Candidate 2016,
University of Manitoba

Thank you to the Translation Committee!

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Alexandre Slusarek
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Charlotte Payette
Verina Sieu
Karine Pilon
Natalie Nguyen

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Camille Benoit
Pierre Thabet



UNIVERSITY OF TORONTO
LESLIE DAN FACULTY OF PHARMACY

INDUSTRIAL PHARMACY
RESIDENCY PROGRAM

Original application forms, letters of reference and transcripts for the one-year Industrial Pharmacy Residency Program, sponsored by the Leslie Dan Faculty of Pharmacy, University of Toronto, in cooperation with the participating companies, should be sent to the coordinator of the program 144 College Street, Toronto, ON. M5S 3M2 during the period of September 1, 2016 to October 1, 2016. The participating companies for the 2017-2018 term are expected to be Allergan Inc., Apotex Inc., Astellas Pharma Canada Inc., Biogen Idec Canada Inc., Eli Lilly Canada Inc., GlaxoSmithKline Inc., Hoffmann-LaRoche Ltd., Sanofi Pasteur. For further information, please contact the coordinator, Dr. Ping I. Lee at 416-946-0606 or the executive assistant, Diana Becevello at 416-978-2880. Full information is provided at the website: www-pharmacy.utoronto.ca/residency-programs/industrial-pharmacy.

MEET YOUR 2015/16 NATIONAL CAPSI COUNCIL

Stephanie Song
UBC Jr Rep



Position goals:

1. Promote and increase student participation in all CAPSI events.
2. Connect pharmacy students with resources to network and to learn more about their profession.
3. Raise awareness about the expanded roles of pharmacy to other healthcare disciplines and the general public.

Most looking forward to:

Getting to know the national CAPSI Council and more about our profession over this year!

Kevin Sin
UBC Sr Rep



Position goals:

1. Raise the profile of pharmacy students in BC.
2. Providing students with the resources to make the best of their time and education.
3. Organize workshops to develop the personal skills of pharmacy students.

Most looking forward to:

The opportunity to see my fellow colleagues in pharmacy from all over Canada at PDW 2016 in Niagara Falls.

Marline Aizouki
Alberta Jr Rep



Position goals:

1. Improve understanding of CAPSI at a national level.
2. Promote the profession to the public as well as other healthcare professionals during PAM.
3. Increase participation in all events.

Most looking forward to:

Gaining more knowledge on the various topics pertaining to health care. Additionally, I am very excited about being part of a community development project this upcoming summer that focuses on education, health management, and women's empowerment.

Alyssa Schmode
Alberta Sr Rep



Position goals:

1. Improve SLC Competition involvement.
2. Increase recognition for outstanding participation in CAPSI initiatives.
3. Provide position recognition of a pharmacist's role in PAM by reaching out to members of the public and members of other health professions.

Most looking forward to:

Finishing all our therapeutics lectures and learning to start integrating them into real practice. I am also excited for my trip to Iceland and its waterfalls and glaciers!

Kaitlyn Tress
Sask Jr Rep



Position goals:

1. Initiate more involvement of first year students at CAPSI events.
2. Elevate CAPSI's presence within the community.
3. Promote CAPSI and its benefits to UoF pharmacy students.

Most looking forward to:

CAPSI National elections and Professional Development Week 2016! I see great importance in learning experiences that occur outside the lecture hall, and believe that serving on the national council and the student-led conference are great opportunities to grow professionally.

Kelsey Joorisity
Sask Sr Rep



Position goals:

1. Increase awareness about CAPSI and try to increase our membership numbers.
2. Host an IPSF event during PAM.
3. Work to involve our college's faculty and staff in CAPSI events.

Most looking forward to:

PDW in Niagara Falls and then PAM in March!

Jennifer Butler
Manitoba Jr Rep



Position goals:

1. Encourage more students to get involved with PAM.
2. Work with our local IPSF liaisons to find a host site for the Student Exchange Program.
3. Increase the amount of money the U of M raises for the CAPSI fundraising event (Plan Canada).

Most looking forward to:

Mr. Pharmacy and PDW.

Alan Phung
Manitoba Sr Rep



Position goals:

1. Ensure that despite University of Manitoba being the second smallest pharmacy school in Canada, this year we run one of the best PAM and Health Campaigns.
2. To motivate all pharmacy students to participate and advocate for the pharmacy profession.
3. Provide more professional development opportunities for students on a local level to improve and strengthen Manitoba's CAPSI membership benefits.

Most looking forward to:

PDW!!!

Monique Eisa
Waterloo Jr Rep



Position goals:

1. Assist the Planning Committee in organizing our first Professional Development Week conference.
2. Increase CAPSI's presence in our local community.
3. Promote CAPSI events and initiatives to UW students.

Most looking forward to:

University of Waterloo's first PDW conference! I am also excited to work with a motivated group of student leaders from across the country who share the same passion for the pharmacy profession.

Elaine Dinh
Waterloo Sr Rep



Position goals:

1. Maximize membership benefits by creating more CAPSI exclusive events and discounts.
2. Promote PDW and CPhA and the importance of networking and attending professional conferences.
3. Raise public awareness of the expanding scope and role of the pharmacist through social media and presence in the community.

Most looking forward to:

Starting clinical rotations!

Maria Moreno
Toronto Jr Rep



Position goals:

1. Raise awareness about CAPSI and what we do for students.
2. Bring pharmacy students together through events like PDW and Mr. Pharmacy.
3. Work closely with local CAPSI Council to run amazing events for students.

Most looking forward to:

PDW in Niagara Falls this year!

Areeba Zaheer
Toronto Sr Rep



Position goals:

1. Advertise CAPSI and its benefits more to our student population.
2. Introduce new and innovating initiatives to CAPSI.
3. Have more faculty involvement with many of the CAPSI PDW Competitions and Mock OSCEs.
4. Be more transparent with CAPSI and our local council.

Most looking forward to:

PAM at UoT because we are trying to go bigger and do things we have never done before! Stay tuned for an exciting March!

Jean-Félix Côté
Montréal Jr Rep



Position goals:

1. Reinforce our membership.
2. Improve communications between CAPSI national and our students. By doing that, I'm positive that I will enhance CAPSI's value and promote membership.

Most looking forward to:

Enhance communications between Montreal and other universities as well as offering a better distribution of CAPSI related material in my school. I am also really looking forward to my rotation in a hospital this summer, I'm positive it will challenge my pharmacy knowledge in optimizing therapies aimed for the well being of my patients.

Camille Benoit
Montréal Sr Rep



Position goals:

1. Increase the number of new CAPSI members at Université de Montréal.
2. Create more CAPSI activities during PAM.
3. Enhance the popularity of Mr. Pharmacy at our school!

Most looking forward to:

I can't wait to go to Niagara Falls for PDW 2016!! See you in January!

Kevin Youssefian
Laval Jr Rep



Position goals:

1. Make CAPSI more involved in the student society in Laval University.
2. Make our members aware of all their membership benefits.

Most looking forward to:

The positive effects of the expanded scope legislation that is finally approved.

Anais Paré
Laval Sr Rep



Position goals:

1. Increase the presence of CAPSI at Laval University.
2. Build partnerships with existing committees.
3. Organize professional and educational activities.
4. Boost CAPSI activities within the faculty to promote the Association and increase value for the members.

Most looking forward to:

PDW 2016, of course! Can't wait to meet again with everyone on the CAPSI national council. I'm also applying for a student exchange through our Faculty of pharmacy. If everything goes well, I could be spending six weeks up to three months in either France or Netherlands. Wish me luck! "

Pierre Thabet
Dalhousie Jr Rep



Position goals:

1. Increase CAPSI awareness at Dalhousie.
 2. Increase size and impact of Dalhousie Pharmacy Awareness Month.
 3. Promote interest and involvement about CAPSI for incoming pharmacy students.
- Most looking forward to:** PDW and reuniting with all the awesome CAPSI locals and exec.

Natalie Scholten
Dalhousie Sr Rep



Position goals:

1. Increase awareness of IPSF by organizing presentations with previous SEP participants and hosting seminars in line with the IPSF Health Campaign.
 2. Increase awareness of CAPSI within the first year population and increase the first year attendance at PDW.
 3. Create a comprehensive budget at the local level that can be passed along seamlessly to the next local counsel.
- Most looking forward to:** Planning a panel discussion for the public during PAM, since we haven't been very successful at hosting the CAPSI symposiums at Dalhousie in the last few years.

Kyia Hynes
MUN Jr Rep



Position goals:

1. Expand and grow our Mr. Pharmacy event.
 2. Increase interprofessional activities within our school.
 3. Find an IPSF host site.
- Most looking forward to:** The new expanded scope initiatives that have been recently approved in Newfoundland, specifically, prescribing for minor ailments. This year during PAM, one of my goals is to promote the expanded scope initiatives to the public. I wish to educate them on how expanding the role of the pharmacist helps to create a more efficient health care system.

Sydney Saunders
MUN Sr Rep



Position goals:

1. Increase membership at MUN by promoting CAPSI, our values, initiatives, and events.
 2. Organize MUN's first CAPSI Awareness Week.
 3. Work with national and local IPSF representatives to increase awareness of the organization and their initiatives at MUN.
- Most looking forward to:** Attending PDW 2016 in Niagara Falls and meeting passionate students from across the country.

Kavetha Selvathilagan
President



Position goals:

1. Ensure council meetings are run successfully and goals set forth this year are accomplished as we strive to provide continual support to all CAPSI members.
 2. Support the activities of CAPSI National committees with a particular focus on the ad-hoc advocacy committee and the ad-hoc electoral committee.
 3. Remain consistently available to provide input, guidance and assistance to all CAPSI National council members and PDW planning committees.
- Most looking forward to:** attending PDW 2016 - Soaring to New Heights! PDW is always an inspiring conference that reminds me why I chose this profession. I can't wait to get down to work, network and see both new and familiar faces!"

Caitlin McGrath
President-Elect



Position goals:

1. Develop a deep understanding of CAPSI and its intricacies in order to best represent CAPSI members in my future presidential term.
 2. Act as a liaison between CAPSI members and other pharmacy advocacy bodies, to provide Canadian pharmacy students and interns with a strong voice that advocates for our education and the pharmacy profession as a whole.
 3. Make certain that the new CAPSI website is maintained and continually updated, ensuring that all CAPSI members and the general public are kept up to date with current and relevant CAPSI information.
 4. Provide input, guidance and assistance to all CAPSI National council members and PDW planning committees.
- Most looking forward to:** Professional Development Week this year and meeting CAPSI members from across the country face-to-face. I can't wait to learn more about our profession together and develop an even stronger sense of community amongst our membership in January!"

Amber-Lee Carrière
Past-President



Position goals:

1. Prepare an annual report that can be viewed by all CAPSI members prior to the annual assembly.
 2. Provide detailed explanations and historical perspectives on current CAPSI practices.
 3. Help the Constitution Review Committee update all of our current documents so that our current practices are well reflected and transparent in our Operating Manual, CAPSIL and all other CAPSI communica.
- Most looking forward to:** my last PDW EVER!

Shelby Scherbey
Executive Secretary



Position goals:

1. Work with CPhA to enhance CAPSI's membership benefits package.
 2. Initiate a redesign and restructuring of CAPSI's current election processes.
 3. Organize resources to assist local representatives as they coordinate their PAM activities.
- Most looking forward to:** PDW 2016 and graduation!

Veeral Gohil
VP Communications



Position goals:

1. Increase sponsorship for PDW as well as expand our CAPSI Club Membership portfolio.
 2. Pursue non-traditional sponsors not conventionally associated with the profession of pharmacy.
 3. Innovate new branding strategies to aid exposure of CAPSI as an organization.
- Most looking forward to:** PDW!!!

Laura Buddo
VP Education



Position goals:

1. To create creative, practical and challenging cases for national competitions
 2. Use feedback to strengthen the Evidence Based Medicine Competition.
 3. To be an active leader or participant in committees.
- Most looking forward to:** Working with great students across the country to put together interesting competitions and further develop the evidence based medicine competition"

Dan Burton
VP Professional Affairs



Position goals:

1. Develop successful and fruitful relationships with other Health Professional Student Organizations.
 2. Create a media package that can be used by local CAPSI representatives.
 3. Coordinate 1 inter-professional event to be held at each pharmacy school across the country during PAM.
- Most looking forward to:** Another successful PAM!

Paraag Trivedi
Finance



Position goals:

1. Ensure a sustainable budget.
 2. Investigate new ways to better streamline CAPSI National purchases and reimbursement
 3. Provide timely and accurate payments to and from CAPSI National
- Most looking forward to:** working with the incoming CAPSI council to ensure a smooth transition, and serving my community as the best pharmacist I can be.

Phoebe Hsu
IPSF Liaison



Position goals:

1. Increase the presence of IPSF at each school throughout the year.
 2. Increase contact with the local representatives in all universities in order to preserve our cohesiveness and proficiency as an organization.
 3. Increasing the number of SEP host sites and encouraging students to come to Canada.
- Most looking forward to:** promoting a unified and strong IPSF presence throughout all the pharmacy schools in Canada and finally getting to meet all the representatives at PDW"

Cassandra Voit
Student Exchange Officer



Position goals:

1. Greater interest for pharmacy students to come to Canada for their Student Exchange.
 2. Work with the IPSF Liaison to increase the number of host sites in Canada for the Student Exchange Program.
 3. Collaborate with international Student Exchange Officers to improve our exchange program.
- Most looking forward to:** Becoming a full-fledged pharmacist!

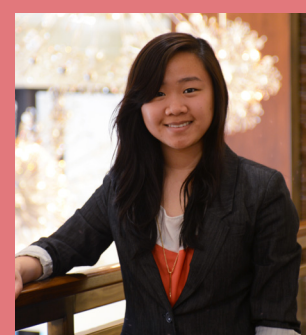
Leah Pritchett
CAPSIL Editor



Position goals:

1. Continue updating and improving the professional look of the CAPSIL.
 2. Increase PDW-related content in the winter issue to feature more student perspectives and experiences.
 3. Distribute a survey to students to gauge reading/writing habits and attitudes towards the CAPSIL
- Most looking forward to:** My elective at a clinic in Cape Town, in January/February, and also to my graduation in the spring!

Huyee Chan
Webmaster



Position goals:

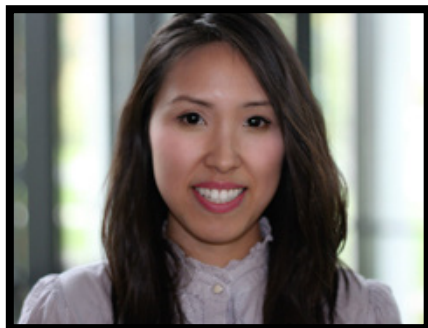
1. Continuously thinking of ways to improve the website and creating the French mirror of the site
 2. Maintaining the the functionality of the CAPSI website by keeping it up to date
 3. Finding new ways to reach out to pharmacy students and pharmacists using the CAPSI website and other social networking services.
- Most looking forward to:** PDW 2016 at Niagara Falls!

Samantha Cunningham
CSHP Liaison



Position goals:

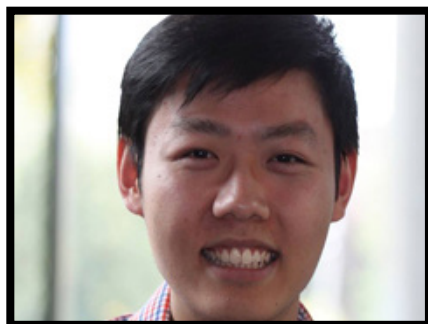
1. Improve CSHP communication with students through social media.
 2. Increase access to and awareness of CSHP student supporter benefits.
 3. Increase communication between provincial CSHP student representatives across the country to facilitate the development of events and programs to benefit CSHP student supporters.
- Most looking forward to:** all of the very exciting (and somewhat frightening) things about graduating.



Chia Hui Chung, Co-Founder



Veeral Gohil, Co-Founder



Thomas Huang, Co-Founder



Shane Nirula, Co-President



Jeff Tso, Co-President



THE EVOLVE OF PHARMACY

ION PRACTICE

It's been the hottest phrase on the lips of pharmacists from Vancouver to St. John's: "expanded scope". Ever since the gears were set in motion, pharmacists of all stripes have been rushing to make the change, offering new services to benefit the health of their patients.

But what about students? It's hard not to just get swept along on the tidal wave of expanded scope. After all, we're part of the first generation of pharmacists who will have worked their whole careers with expanded scope; we've never known any other way.

The reality is that we are the best people to implement this change. Not having known any other way means that as we enter the job market, we will present a strong force for the universal implementation of these expanded scope services. As the new generation of pharmacists graduates, we will be injecting some youthful, enthusiastic spirit into a market that has become somewhat stagnant in the recent past.

One student group is currently doing just that. EVOLVE is based out of the University of Toronto's Leslie Dan Faculty of Pharmacy, and is rapidly gaining traction within Toronto, not to mention starting to spread across the country. EVOLVE (Embracing Ventures and Orienting Leaders to Value Expanded Scope) is a student group which advocates for students in the promotion of and collaboration for pharmacy's expanding scope of practice.

The organization's three co-founders, Chia Hui Chung, Veeral Gohil, and Thomas Huang, boast an impressive amount of collective experience advocating for advanced pharmacy

practice, including collaborating with McKesson Canada and independent pharmacy owners to lead a national influenza vaccination campaign, and working with the Ontario College of Pharmacists to develop Professional Responsibility Principles for pharmacists. All three co-founders attended an Ontario Pharmacists Association learning session last fall which highlighted the importance of advancing the profession through expanded scope. After the session, Chung, Gohil, and Huang met and realized that pharmacy students can take matters into their own hands to get excited about expanding scope, and EVOLVE was born.

EVOLVE offers great benefits to students, including journal clubs and talks with prominent local pharmacists. And the impact is there: students are satisfied with what EVOLVE is offering. Events are full immediately after sign-ups are sent out. Post-event quality assurance surveys have shown attendees universally agree that EVOLVE's journal clubs have a positive utility. And the students are coming back for more. Both current and incoming students are showing interest in getting involved with EVOLVE, with a "flash flood" of students signing up during the Clubs Fair this year. Students are ready to embrace expanded scope, and the positive impact is reaching beyond the school environment. As Co-President Jeff Tso outlines, school only teaches you so much. The real world moves faster than the most progressive of curricula, and EVOLVE's initiatives allow for innovative ways for pharmacy to move forward. Students are inspired to maximize their potential, providing an unsurpassed level of care on the front lines of healthcare.

EVOLVE is starting to expand its reaches beyond the Leslie Dan Faculty of Pharmacy. The HOPE initiative (Humans of Pharmacists' Expanded Scope) has resonated with students across the country, and now has over 30000 hits on Facebook with supporters in eight out of ten provinces. HOPE is a social media campaign in which pharmacy students share their experiences and perspectives on expanded scope, which are then posted to the EVOLVE Facebook page along with a professional photograph. HOPE puts a spotlight on pharmacy students as pioneers for change, which ties into their mission to empower each other towards better patient care. And this ripple effect reaching other provinces has started to help HOPE reach its future goals too. Co-President Shane Nirula describes their long-term plan of branching out to other provinces across Canada by setting up local EVOLVE chapters at other pharmacy schools in order to promote student collaboration.

The pharmacy landscape is dynamic and our scope is changing as well. Students are perfectly poised to drive this change as the next generation of pharmacists...all we need is to EVOLVE.

If you are interested in starting an EVOLVE chapter at your own school, contact EVOLVE via their Facebook page for more information and guidance.

THANK YOU TO OUR CAPSI CLUB SPONSORS PLATINUM



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STEP UP YOUR PATIENT CARE

Distilling the Medication Review

Charlie Gillis, Class of 2016 - MUN School of Pharmacy

One lovely sunny morning on my SPE III rotation in London, Ontario (I'm pretty sure it was snowing in NFDL), I started a med review with a middle-aged gentleman who had no sweet clue what his medications were for. Usually, patients can be a little foggy on the details, hence the need for a med review, but this fellow was up a creek without a paddle. I started the med review, got through some introductory questions, and then asked the patient why he was taking the first medication on the list. His response was, "because my doctor told me to start taking it." Reasonable response, although a little grouchy. So I asked him about the second medication, where his response again was, "because my doctor told me to start taking it." And so on, probably for about 10 medications. He had no idea what any of his medications were for, and honestly I can't believe he was still taking most of them. He then explained to me that he doesn't believe in any of them, that none of them work for him, and that the only reason he was taking them was because the doctor told him to take them. I cringed a little inside and started babbling about how there are a number of huge studies and controlled trials that show statins reduce mortality rates and cardiovascular events, at which point his eyes glazed over a little and starting seeing the wall behind me. I tried my best to go over everything with him, but he was pretty pessimistic about his therapy, and maintained that he only took them because he was told to. He left, I curled up in a ball and cried in the corner about my failures.

A pharmacist's role is unique in the health-

care setting. We have the opportunity to speak firsthand to the patient, to hear their successes and failures, their expectations, and yes, their reservations. We are the only health care professional that patients can come up to, any time of the day, and show us a funky rash. So often, patients are prescribed medications, are diagnosed with a chronic disease, and yet they know nothing about it other than the fact that they should take this little yellow pill for heartburn. It's impractical to review all primary literature with a patient, especially since most times patients are unfamiliar with the language and process of published research. The ability to critically think about information being provided to you in the form of a study, sometimes through Facebook, is a skill that takes practice and training. When I was but a youth in my healthcare career, I believed that prescribing and practical guidelines were like the ten commandments; it was set in stone that they worked, for everyone, for every situation, that to even be guidelines there has to be an abundance of trials and overwhelming evidence. As I delved deeper into the primary literature, I discovered that a lot of the times, there are so many conflicting studies or poorly-studied medications that a lot of therapies are actually quite murky, more based off of feeling it out in the dark than having a floor plan of the room. Often doctors don't have time to go over everything with patients, causing their medication list to pile up and everything gets muddled and tangly in their brain. Then patients see all this conflicting primary research and pseudoscience presented through the internet,

causing them to lose faith in the overall system. Medication reviews offer patients a chance to talk with a highly educated health care professional that can unravel some of the tangles and shed light on the medications patients are taking. We can act as a conduit of information from the primary literature to the patient, guiding them away from Facebook publications and friends' unstudied herbal recommendations. For that, medication reviews are great; but they need to be more. If I can do one medication review that optimizes a patient's adherence, that

really helps them get a better understanding of their therapy and that they actually feel involved in the process, I don't care how many old ladies will yell at me for taking too long. I was so disappointed when I heard about all the CBC Marketplace medication review propaganda, that pharmacists were taking a minute or less to just confirm a patient's medication. Marketplace loves to latch on to a story that may or may not be as blown out as they portray it to be, but that's a beef for another day. My point is, as a profession we have been given this opportunity, a chance to expand our services, to

Implementing an Antibiotic Optimization Program

Rana Khafagy, PharmD Student - University of Toronto

I was honoured to complete one of my placements at a Shoppers Drug Mart this summer. During my first week, I noticed that we were dispensing many antibiotics and there were several patients who I wanted to follow-up with. I also noticed that these patients were usually distressed and were less likely to want to spend time discussing their therapy.

Putting these two observations together, I came up with a patient-centred program I called the Antibiotic Optimization Program (AOP). The project consists of 2 parts: (1) placing a hand written note into the patient's prescription bag thanking them for waiting and hoping they felt better and (2) calling the patient after 3-4 days to follow-up.

I used Health Watch to track patient call-backs. After counselling a patient, I would insert a note under the tab "HW Care" to remind myself what to bring up during the follow-up call. After 3-4 days (depending on the patient's individual situation), I would print off the call-back sheet and call patients to follow-up on their course of antibiotics. Many patients were eager to discuss their antibiotic course and I found my call backs often

spanned 5-10 minutes.

Within the span of 1 month, I had contacted over 60 patients and received over 20 personal comments in the online customer survey. If each technician wrote one note per shift and each pharmacist called one patient per shift to follow-up, think of how many patients we could reach.

The main success factor for the AOP was making it personal. When I spoke to patients over the phone, I made it clear that I had heard their concerns and wanted to individualize their therapy.

A simple thank you note placed in a patient's medication bag can go a long way. It might brighten their day and it shows that you care about their well-being. Giving that patient a call after a couple of days to check-in is a good way to stay involved in their healthcare and ensure their therapy is optimized and safe. It is also a great way for patients to open up about their other healthcare concerns. Our healthcare should extend past the pharmacy walls - it should follow the patient home.

expand our role as health care professionals and make huge patient impacts. When we are given this chance, the first thing we do is squander it. We are at this turning point where we can embrace change, bravely heading out into a bright new world of health care, or we can continue to accept averageness, beating our heads against the wall until all the information we were taught to use will be useless anyway.

Take the time; do it right. Literature shows that patient-focused pharmacist interventions help patients become more adherent with better health outcomes, at 6 months, even at 12 months after speaking with them. Don't just go over a patient's medication, although this is important, work with the patient to create goals for their therapy. Don't give them grief over not taking medications, but find out why, as there is often a solution. Be open and honest with expectations and

they will open up to you. For a medication or condition, ask them, what do you want this medication to do? Why do you want to seek treatment for this condition? Help them see that you're on their side, that any medication they are taking you fully support. Goal-oriented counselling involves the patient and most importantly helps them feel in control, in charge of their medications, when so often expectations of therapy are never explained in the first place. If they consciously decide to take their inhaler every day because it will help them play with their grandkids, if they make their own rational, informed decision based on how it will help them or hurt them, you've already won them over.





My Community Pharmacy...

A utopian vision of pharmacy for the future, by Émilie Mégrourèche

The pharmacist occupies a privileged place in the Quebec healthcare system. When we compare the roles of a pharmacist in Canada to those held in other countries, we see that our practice has expanded more than those around the world. However, are we utilizing our maximum capacities and potential? What if pharmacists could do more? What if we could change the model of community pharmacy that we have today? Many questions arise when we look at the existing system. At a time when multidisciplinary approaches in healthcare are so popular, why not further expand practice areas and offer new professional services for the good of the patient?

It's with this viewpoint that I have developed my ideal model of a community pharmacy. You will likely agree that it is somewhat utopian.

In my community pharmacy, the pharmacists are dedicated and pioneering in their work. The pharmacists follow a common guideline: providing the best care for the patient. These pharmacists give body and soul for their patients, constantly innovating and pushing the boundaries of the profession. The pharmacists in my pharmacy are engaged with their profession. The pharmacists prescribe, initiate, and adjust medications for multiple health problems: hyperten-

sion, anticoagulation, smoking cessation, diabetes, heart failure, and more. Once the diagnosis is set, patients are supported from A to Z by the pharmacist. The doctors are consulted on problematic cases, and patients are referred to them if necessary.

At my pharmacy, the employees can devote 20% of their time to the realization of their personal projects. According to me, the calculation is very simple. Being constantly immersed in work doesn't allow for the space and necessary time the mind needs to think freely, to innovate, develop, and design new ideas.

At my pharmacy, we use the latest technologies. I utilize software to track the blood pressure of my patients at all times, as well as their blood sugar, their heart rhythm, etc. I also offer services to check their anticoagulation, for which I myself can administer INR tests using a Coagu-Check. Then, I can adjust the medication based on the results. (Better yet, whenever possible, I can teach self-management of anticoagulation to my patients and give them a measuring device and dose adjustment algorithm to use themselves). I will also have a device to measure serum creatinine. I will perform these quick tests on elderly patients who come to my pharmacy for adjustment of medication based on their renal function. I will also use

genotyping tests for some of my patients using specific medications.

At my pharmacy, condoms are free. Tests to measure blood alcohol are distributed, and sterile syringes are also available.

My pharmacy has a different look than traditional pharmacies do. Free from adjacent businesses, my pharmacy puts the health of patients at the centre of its priorities. We are equipped with several consultation offices, as well as conference rooms for hosting various activities, and video-conference rooms equipped for communicating via secure connection with patients who cannot be at the pharmacy in person.

New services are also offered at my pharmacy. Screening for certain diseases is done for patients who are at risk. I do, among others, screening for Alzheimer's using a validated test to categorize the risk level of my patients. The patients who I judge to have an elevated risk are referred to a neurologist in an adjacent clinic with whom they can get a prompt appointment. I also perform screening for depression (especially in my diabetic patients) and give them a referral to the psychologist next door if necessary. I also do screening for blood-borne and sexually-transmitted diseases. Patients who wish to be tested can do so in a confidential consultation office. The test takes about 30

minutes in total. It detects many diseases including HIV. I also do tests to screen for diabetes and osteoporosis. In case of a urinary tract infection, my patients can take a urine test; the pharmacists can then prescribe a treatment. During the screening tests, the pharmacist has an opportunity to raise awareness with and provide education to the patient.

Every weekday, special activities take place at my pharmacy. Mondays are awareness days. During these atypical days, the pharmacists leave the pharmacy to lead public health activities in different

places in the community: shopping centres, community centres, schools, etc. During these days, a theme is chosen for which to raise awareness (ex: STIs) and screening tests are administered on a large scale. Pharmacy students and residents will come to help run these activities. They therefore benefit not only the general public, but become a learning and training activity for the students.

Tuesdays are dedicated to education. A large room in my pharmacy is equipped for hosting educational evenings. The concept is simple. Every week, a professional is invited to lead an education session for interested patients. The first week, for example, a nutritionist will be giving a course on the basics of healthy eating. These courses can be taught over several sessions. The month following is dedicated to diabetes, and a pharmacist will teach the basic concepts associated with the disease. The diabetic patients can bring in their relatives to sit in on the session. These free classes will be

offered to all. The patients can receive accreditation for the courses and an authentic diploma for the number of training hours they participated in.

As for Wednesdays, they are dedicated to support groups. The groups unite patients with a specific illness, such as depression, diabetes, hypertension, etc. Upon filling a new prescription related to these health problems, the pharmacist can recommend

of a pharmacy where the principal cast are the patients. My pharmacy is not an individual enterprise, it's not a business model, and it's not a way to get rich. No. My pharmacy is a cooperative, where everyone gives and everyone receives.

Finally, I would like to digress. The pharmacy is currently being redefined and this leaves a lot of room for innovation. Unfortunately, in front of all these possibilities

available to us, we open new pharmacies too similar to all the others around (close to 2000 copies in Québec). This is what we have learned to do, after all: reproducibility,

the scientific steps; it's our method of work. However, I am one of those who want to see the model evolve. Seize the winds of change and evolve pharmacy practice to its full potential so that the pharmacist occupies the place it deserves, the place we are able to occupy; a central role in the community. And I know for certain that students hold key roles for this change. The pharmacist is the most accessible health professional; a pharmacist is available on virtually every street corner. It's time to make patients our central concern and play a more active role in the health of our community. So be curious, ask, learn from others, get connected and share your ideas with other professionals in order to develop new joint projects that can enhance the services offered to the public. If the practice of pharmacy is not for you the way it is currently practiced, do not limit yourself to what the current model of community pharmacy offers: dare to dream big and go for it!

"It's time to make patients our central concern"

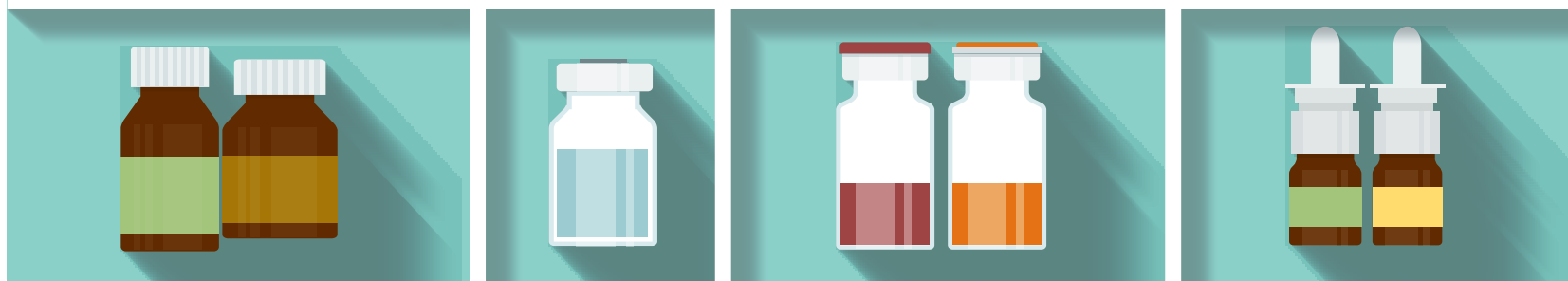
that the patient sign up to take part in one of these groups. People then meet to discuss their disease, their perceptions, their needs, their expectations towards medical staff, etc. A professional is present to redirect the discussion and answer questions. What purpose does all this serve? It breaks isolation, increases knowledge sharing, and builds a cohesive community.

Thursdays are reserved for continuing professional education evenings. Each week an accredited activity is proposed.

Finally, on Fridays, the pharmacists in my pharmacy meet up with the physicians, nutritionists, nurses, physiotherapists, and occupational therapists from the adjacent clinic to discuss the patients, develop care plans, and implement them.

At my pharmacy, I am not the sole owner. In fact, it's not only employed pharmacists who are too, but every patient is also a partner. Get out of the usual conception of a pharmacy, and get out of the legal and judicial arbitration for a moment. I dream

...is not a business, it's a community!



CSHP CORNER FALL 2015 UPDATE

Samantha Cunningham
CSHP National Student Delegate
University of Saskatchewan



Hello CAPSI Members, welcome or welcome back!

Some of you may have noticed there is a new face on the CSHP page this year. I have just started my term as the National Student Delegate for CSHP. I look forward to working with both CSHP and CAPSI to bring you opportunities to get to know hospital pharmacy and provide you the best pharmacy student experience possible. Please don't hesitate to reach out to me (samantha.cunningham@usask.ca), or your local CSHP representatives, with any questions, concerns or ideas.

New this year CSHP will be offering half-year student supporterships for students graduating before July 1, 2016. These supporterships cost only half the yearly fee and end June 30th to help transition to the pharmacist membership year, which starts in July. See http://www.cshp.ca/membership/StudentSupporter_e.asp or ask your local student representatives for more information.

NOT A CSHP STUDENT SUPPORTER?

If you know you want a job in hospital pharmacy, are still deciding where you want your career to end up or just want a better idea of what hospital pharmacy can offer, CSHP may be able to help. For more information, and the benefits of being a CSHP student supporter, visit <http://www.cshp.ca/students/> or talk to your local CSHP representatives.

PHARMACY STUDENT INTERNSHIP - SUMMER 2016!

Looking for a great summer job? Want to gain experience in pharmacy leadership and advocacy? CSHP is currently taking applications for a student to intern at the CSHP National office in Ottawa for the summer of 2016. Reflections from previous student interns can be found at <http://www.cshp.ca/students/> under "students in hospital pharmacy". More information about the position and how to apply can be found at http://www.cshp.ca/aboutUs/employment_e.asp. Application deadline is November 30, 2015.

RESIDENCY

Information about residency programs: http://www.cshp.ca/programs/residencyTraining/index_e.asp
List of accredited programs: http://www.cshp.ca/programs/residencyTraining/accreditedPrograms/index_e.asp
Good luck to everyone applying this fall!

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



Be a Driver of Change with Interprofessional Collaborations! Dan Burton, Vice President Professional Affairs

Inter-professional teams and collaboration are quickly becoming a reality in our healthcare system. Our knowledge of the human body, the number of medications available and the technology we can now utilize for diagnostics and treatment is expanding at a dramatic rate. Healthcare professionals can no longer stand alone as separate entities and manage the entirety of a patient's health. Our professions must communicate and work together to provide the utmost level of patient care. Many of us have been taught these concepts, and I am sure many of us have even seen examples of inter-professional collaboration on our rotations or in our current practice. We can understand and appreciate the benefits for our patients and the potential cost savings for our healthcare system. However, there are still gaps within the system. One area in particular that stands out in my mind is within community pharmacy practice: the dreaded fax machine. This machine is often the only mode of communication between your pharmacy and other healthcare professionals. How can you expect to form a collaborative relationship by faxing brief hand written scribbles back and forth? Does this really benefit your patient? Maybe in some ways, but more could be done. In this article I will discuss a wonderful community collaboration I have observed while on rotation over the past few months and provide you with a few tips as to how you can help drive culture change and create collaborative relationships in your community practice.

Over the past two months I have completed a community rotation in a small town pharmacy in Alberta. It was a great learning experience, but what I found most exciting was the inter-professional relationship this pharmacy had developed with all of the medical clinics in town. All I had to do was pick up a phone and I could be directly connected with my patient's physician, nurse, diabetes educator, or countless other healthcare providers and vice versa. Lines of communication were open and

all healthcare professionals were open to discussion and being challenged. The culture in this town was a collaborative one and everyone had one priority in mind: the health of our patients. I know this type of collaboration is likely not present in a majority of communities across the country, particularly in the bigger centers. I am sure there are a multitude of reasons as to why that is the case, but I believe we can achieve this level of collaboration in all community practices...it is just going to take some work!

After discussing the issue with a number of physicians, pharmacists and nurses I have come up with a few tips that may help you as a new grad, or even as a current practicing pharmacist, to achieve a better working relationship with the healthcare professionals in your community.

1 Take a look around your community. Find out who the primary healthcare providers are in your area. Then go out into the community and meet with them. Make an appointment, see if you can catch them between patients, and introduce yourself. Make that face-to-face contact. This is one of the most crucial steps in developing a successful relationship. Let them know who you are and what you can do. Find out what they are comfortable with you doing and how they like to communicate.

2 Answering questions. When a healthcare provider contacts you with a question, go above and beyond to answer that question. Find out what exactly they are asking and when they need an answer by. Then do your research and formulate your answer, providing as many alternatives as possible, and even give them some extra information as well. You will only have to do this once. With this one question you can

demonstrate that you are willing to do your research and provide the best evidence based answers.

3 Remember your P's and Q's. Be polite and be kind whenever possible. You are going to interact with healthcare professionals that may give you attitude or act rudely towards you. It is important you do not respond in a similar manner. It is a waste of time and energy and ultimately will do more harm in the care you are trying to provide your patient. Always be professional!

4 Communication. If you are wanting to adapt or change a prescription, run it by the prescriber first. Many prescribers appreciate being kept in the loop and if they have made a mistake they like to know so they can avoid making it in the future. Our scope of practice is expanding across the country, but we want to ensure we do not abuse our newfound power. It may be harmful to the inter-professional relationships we are trying to nurture. Once again, pick up the phone and start a conversation.

I know some people will ask, why should a pharmacist do all the work? I say to you, why not? Someone has to take that first step to start driving practice change, so why can't it be a pharmacist? You need to leave your ego at the door and always remember you are doing this for your patients. This will benefit them and improve their health outcomes. It also has the potential to increase the satisfaction you receive from your practice. So I challenge YOU, to be the driver of change! Be a leader, take that first step, create successful inter-professional relationships and make a difference in the lives of your patients!



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DU CANADA

—■ CAPSI & CPhA: Welcome to the new CPhA —■

The Canadian Pharmacists Association (CPhA) is the national voice for pharmacy. We're dedicated to our new mission of advancing the health and well-being of Canadians through excellence in pharmacist care, and we believe that every pharmacist and pharmacy student across the country has a role to play in helping us achieve that mission. We'd like to introduce you to the new CPhA and show you how you can be a part of it.

A stronger national voice for pharmacy

As you may have already heard, the Canadian Pharmacists Association (CPhA) has adopted a new governance and membership model that will improve the ability of provincial and national pharmacist associations to work together in the best interests of the profession.

Why the new model?

The profession of pharmacy is changing rapidly. Scopes of practice and funding models are evolving across the country and pharmacists are doing more every day. Yet, there remain huge differences between provinces and the level of care pharmacists are providing to enhance drug therapy outcomes for their patients. As well, Canada's Premiers and Health Ministers, through the Health Care Innovation Working Group, are making decisions regarding health care delivery and drug pricing reforms.

CPhA recognized the need to strengthen the voice of pharmacy in Canada and felt that a new model, where provincial and national pharmacist associations work together in the best interests of the profession as a whole, would be more effective and efficient. Collectively we will have a stronger pan-Canadian advocacy voice and the profession, CPhA and its member

organizations will be stronger and more able to respond quickly to the changes affecting our profession and the health care system.

How does membership work?

Membership in CPhA is now comprised of provincial pharmacist associations (PPAs) and national pharmacist associations (NPAs). Each association has a representative on the Board of Directors, which also includes six skill-based individual directors.

Is CAPSI a member of CPhA?

CAPSI has joined CPhA as an Organizational Affiliate. This means that all pharmacy student CAPSI members can become CPhA Associates, entitled to the same benefits as practising pharmacist associates. CAPSI is not a member of the CPhA Board of Directors, however there will be opportunities for CAPSI to serve on committees. CAPSI will continue to meet regularly with CPhA representatives at official Joint Officers Meetings during the CPhA conference and/or PDW. Pharmacy students must belong to either CAPSI or their provincial pharmacist association to belong to CPhA. CPhA has waived all fees associated with membership for CAPSI members.

Are all CAPSI members automatically CPhA Associates? Do I need to sign up?

Yes, as a CAPSI member, you are automatically a CPhA Associate! However you need to register with CPhA at www.pharmacists.ca/register to begin receiving information and to access your CPhA benefits. If you're already an Associate, our system will recognize you and can prompt you if you've forgotten your username and password. IMPORTANT NOTE: You MUST use the email address you have on file with CAPSI to complete your registration.

What are the benefits of the CAPSI becoming a member of the "new" CPhA?

The greatest benefit is advocacy for the profession: a strong pan-Canadian voice to provide collaborative advocacy and strong leadership for the entire profession. In addition, members of CAPSI now have access to:

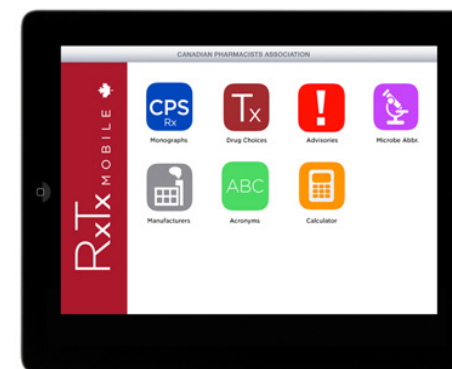
- **FREE subscription to CPhA's RxTx Mobile app. Instructions on how to access the app will be given after you register at www.pharmacists.ca/register.**
- **Complimentary 24/7 online access to the Canadian Pharmacists Journal. Visit www.pharmacists.ca/cpj to log in.**
- **Opportunities to stay up to date with the latest in evidence-based treatment with CPhA's e-Therapeutics Highlights CE, a weekly email highlighting content from e-Therapeutics+ Complete.**
- **Updates and information via CPhA email newsletters and bulletins.**
- **Exclusive access to practical practice tools and resources.**
- **Access to national and international research and reports that CPhA is involved in.**
- **Significant discounts on continuing professional development programs and national conference registration rates.**

We are thrilled that CAPSI is a part of the new CPhA. As students, you are the future of our profession and your passion and dedication is critical to our success. Please feel free to reach out to us at any time with your thoughts and ideas on moving forward in the health care system of the future.

www.pharmacists.ca | members@pharmacists.ca | 1-800-917-9489

RxTx Mobile

Tap into Canada's trusted source for drug and therapeutic information



FREE subscription for CAPSI members



Subscribe at www.pharmacists.ca/register

Note: You must register using the same email address you have on file with CAPSI.

The Canadian Pharmacists Association (CPhA) is pleased to offer CAPSI members a free subscription to the RxTx Mobile app. Used by pharmacists across the country, RxTx is available in English and French on iOS and Android devices – online or off.

CPS (Rx)

- Monographs from the *Compendium of Pharmaceuticals and Specialties (CPS)*
- Over 2000 Health Canada-approved product monographs
- Fully integrated with Drug Choices (Tx) providing seamless search results for drug and therapeutic information

Drug Choices (Tx)

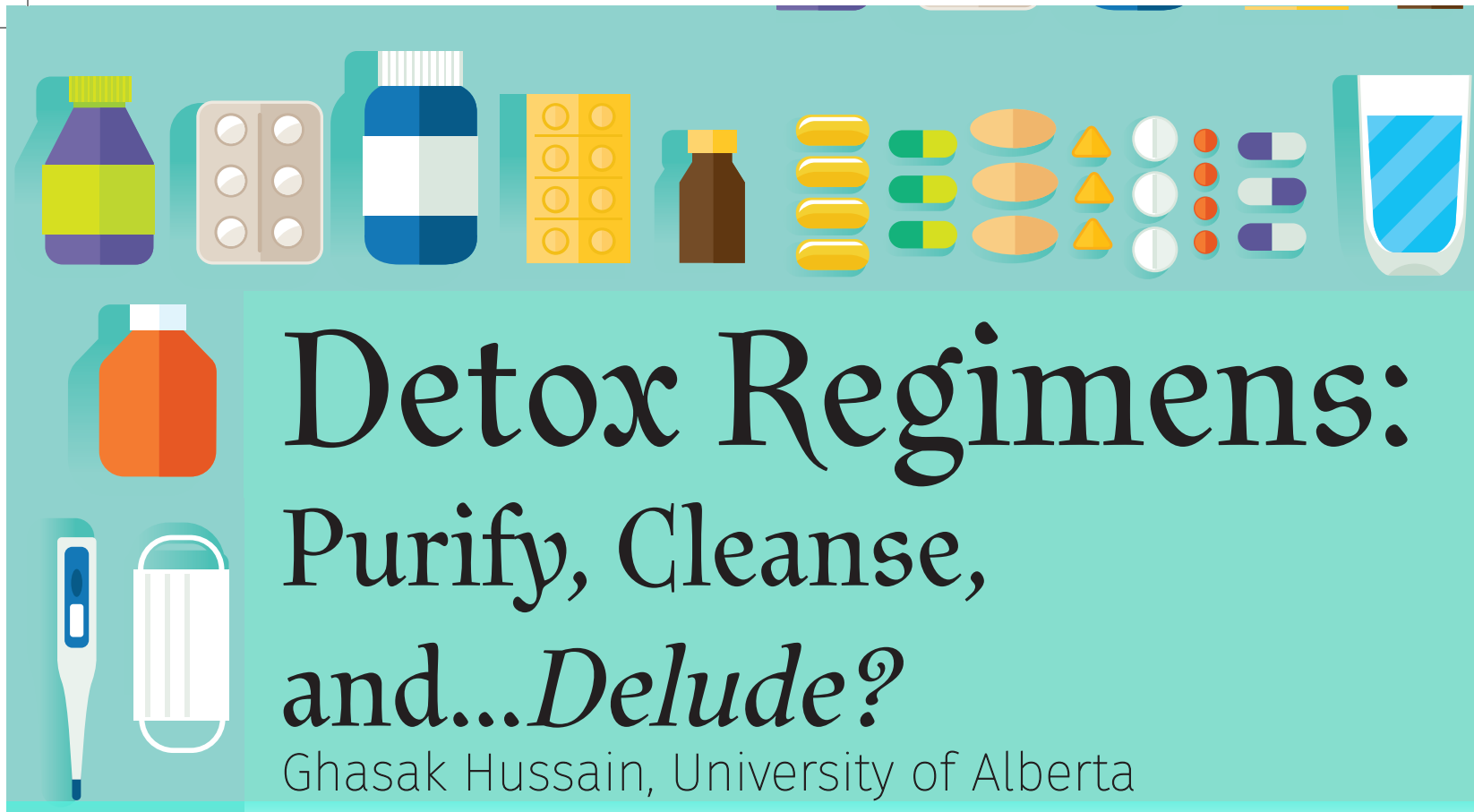
- Drug tables from CPhA's *Compendium of Therapeutic Choices (CTC)*
- Over 200 primary care conditions
- Doses, adverse effects, drug interactions and relative cost for over 2200 drugs



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Detox Regimens: Purify, Cleanse, and...*Delude?*

Ghasak Hussain, University of Alberta

When I was a teenager, I became a fruitarian. Naive, gullible and thirsty for change, I was convinced that a strict diet of fruits and vegetables would lead me to a vibrant life. It wasn't a decision that happened overnight; it was a year-long journey of reading countless blogs and books that lead me to believe that fruitarianism was the healthiest diet one could follow. Just look at all the raw food benefits touted over the web: permanent weight management, beautiful skin and hair, mental clarity, increased energy, and healing of acne, asthma, cancer, diabetes, and other ailments. Now before you jump on the bandwagon yourself— after all, these are some very tempting claims— keep reading. It took a tremendous amount of willpower and resilience, but I finally committed to the diet fully, eating only raw and unprocessed fruit. During the first month, I had an abundance of energy. The effect didn't last long, as by the third month, acne swarmed my face. By the sixth month, I had lost half of my hair and was fatigued constantly. Instead of becoming a picture of health, I ended up looking like an

emaciated Donald Trump with chickenpox. Confused and frustrated, I posted help on a fruitarian forum. The response was unanimous : *you're going through detox.*

By the time I finally came to my senses and saw a doctor— and was subsequently diagnosed with anemia—'detox' had become my least favourite word. To the public, the word is illusive; purity is tempting. Detox regimens are incorporated into the majority of weight loss regimens, advertised in health magazines, and displayed in health food stores and some pharmacies. But what does the term 'detox' actually mean?

According to the Centers for Disease Control and Prevention, detoxification is the "care provided to a dependent person during the period of reduction or stoppage of a dependence-producing substance with the aim of withdrawing the substance safely and effectively[1]." The pathophysiology of detox as it used in everyday terms of cleansing is non-existent. However, there is indeed a legitimate medical definition for detox as a means to minimize

withdrawal symptoms in those who have overdosed on alcohol and drugs. Within the sphere of naturopathic medicine, the term has been uprooted to fit the following philosophy: "Typical American clients have been exposed to toxic chemicals in hundreds of ways throughout their lifetimes... Beginning in infancy, our bodies have been given toxic vaccinations, over-the-counter and prescription toxic chemical medications, and over-processed, factory farmed "foods" full of toxic chemicals...Detoxifying the body is the basis for curing all chronic disease. Detoxification allows the body's cells to release waste products and absorb nutrients properly[2]."

In a 2011 survey of licensed naturopathic doctors in the USA, 92% of respondents claimed to use detoxification regimens to treat patients for various ailments, everything from autoimmune disease to cancer[3]. With the widespread popularity of detox diets, it's vital for us as future healthcare professionals to deconstruct the fallacies behind these claims.

Delusion #1: Our bodies easily accumulate toxins.

As we know, our bodies are already equipped with a sophisticated detoxification system: the liver. The kidneys, gastrointestinal system, lungs, and skin also play a role in excreting toxic substances. It is true that some chemicals, like metals and persistent organic pollutants (POPs), take longer to be removed by our bodies. Because POPs like DDT are lipophilic, they accumulate in adipose tissue and take a number of years to break down. DDT for example, has been suggested to be linked to various endocrine abnormalities like diabetes and infertility. In 2012, the World Health Organization (WHO) and the United Nations Environment Programme (UNEP) concluded that "although it is clear that certain environmental chemicals can interfere with normal hormonal processes, there is weak evidence that human health has been adversely affected by exposure to endocrine-active chemicals[4]." For the average consumer, it is unlikely that one has had long-term exposure to heavy metals, phthalates, POPs, and other chemicals in high doses. Exposure to everyday toxins can be safely eliminated by our bodies without the need for detoxifying agents.

Delusion #2: Detox regimens can "detoxify" you.

Consumers definitely seem to think so— 83% of people who had undergone a detox protocol rated their results as 'good' or 'great'[3]. But what about objective measures? Theoretically, this should be the easiest to prove: take a sample of blood and record a level of toxin X, administer a detoxifying agent, and then resample the blood. Unfortunately, there have been very few peer-reviewed and randomized studies on this subject with sufficient sample sizes. It is likely that people report feeling great because of the initial rapid weight loss, which is mostly water weight. Just look at the sample menu of one popular detox regimen, in addition to a concoction of supplements taken throughout the day:

Breakfast: green smoothie
Lunch: quinoa salad with roasted vegetables
Dinner: kale and bean salad

With an energy-deprived diet such as this, any weight loss experienced during a cleanse is inevitable. It is therefore what these detox regimens eliminate rather than include that promotes weight loss, as the majority of people who embark on these cleanses are coming off the standard American diet. The problem is that the majority of people return to their former eating vices following the cleanse, and subsequently gain all the weight back.

There is no compelling evidence as of yet to support detox diets for weight loss, toxin elimination, and disease treatment. However, we do have multiple studies that have supported the role of nutrition on the prevention and treatment of disease, in addition to protecting against environmental toxins[5]. A 7-day cleanse will not fix a lifetime of poor eating habits, as it will fail to make the consumer's wallet any bigger. As the new year draws in and the frantic hunt for a regimen to undo the misgivings and indulgences over the holidays commences, it is important that we educate our patients on the benefits of adhering to a well-balanced diet that is sustainable in the long run.

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Informatics for Pharmacy Students eResource Highlights from 2014-15



Feedback received from students across the country:

- "I enjoyed the outline of the domain. It was really easy to follow."
- "Approach allows the user to move at their own pace. Links to external resources made it easy to get more information right away."
- "Suitable for many work sites."
- "The interactive quizzes affirmed I had learned the valuable information from that section of the module."
- "Very relevant information to the day-to-day workday of a pharmacist in the hospital and community field."
- "The various external sources of information was very helpful and help clarify information presented in the module."
- "I like how the information was organized as it was easy to digest."
- "I liked the interactive activities that were integrated in the module (i.e. cases, multiple choice questions)."
- "I liked that there was an equal balance of visuals and reading."
- "Every now and then, there'd be a video which made the information easier to absorb, and the interesting facts also kept it current."
- "I liked the patient case studies."
- "I don't remember learning much about these topics, so it would be very beneficial to incorporate them into the curriculum at some point of the program."
- "I liked the applicability of the module to all practice, as well as the national look, not just provincial."
- "I liked the variety of topics that were presented throughout the module, and while still remaining relevant to the overall theme."

The Informatics for Pharmacy Students – e-Resource was developed as part of the Pharmacists-in-Training initiative launched jointly by the Association of Faculties of Pharmacy of Canada (AFPC) and Canada Health Infoway. The intent of the e-Resource is to prepare pharmacy students for digital pharmacy practice in the 21st century, using information and communication technologies responsibly and effectively in the provision of patient care. Through the e-Resource, students are actively engaged in a comprehensive foundational treatment of informatics, using media-rich material with innovative learning approaches, including gamification, virtual patients, polls, and self-assessment quizzes!

Version 2 of the e-Resource is in the works, with a target launch for early 2016! Thank you to all students and faculty members who provided constructive feedback regarding potential enhancements. The current version will be available for use through the 2015 – 2016 academic year.

The e-Resource is available to all pharmacy Students! You will need an enrollment key for your school – available from your faculty lead member (see below). If you haven't already done so, check out the e-Resource online!

University of British Columbia – Marion Pearson
University of Alberta – Teri Charrois
University of Saskatchewan – Jeff Taylor
University of Manitoba – Chris Louzos
University of Waterloo – Kelly Grindrod

Have you 'met' Natasha and Mary? They are 2 new Virtual patients that were recently added to the e-Resource. These new cases are intended to highlight current and emerging consumer health solutions (e.g. e-visits), and to help students improve decision-making skills in the area of Minor Ailments. A 3rd new Virtual patient is in development.

The Informatics for Pharmacy Students – e-Resource was officially launched in January, 2014. By the end of September 2015, the e-Resource had enrolled over 3000 users! Over the 2014 – 2015 academic year, 9 of Canada's 10 schools of pharmacy integrated the e-Resource into their curricula in diverse ways, including pre-readings for lectures, pre-lab activities / assignments, in class activities, pre-experiential requirements, experiential learning rotation, contests / awards, conference / symposia, lunch and learns, and online self-directed activities.

University of Toronto – Marie Rocchi
Dalhousie University – informatics@afpc.info
Université de Montréal – Gilles Leclerc
Université Laval – Amélie Véronique Dubé
Memorial University – Lisa Bishop

For more information about the Informatics for Pharmacy Students – e-Resource, contact Donna Pipa (AFPC Project Manager) at pipa@telus.net.

SCHOOL SHOWCASE MONTREAL

Welcome to Montreal!

A vibrant city known for its diversity, atmosphere and multiculturalism. It is in this context the pharmacy students at the University of Montreal evolve and learn to develop their passion and dedication, qualities necessary for any good pharmacist. This particular attitude allows us to get closer to our patients and to establish a strong confident relationship, guarantee quality care, and to radiate professionalism. At the University of Montreal, the influence of pharmacy is one of our priorities and multiple student groups are becoming particularly involved. To name only a few, the CAPSI committee, the University of Montreal Student Association (AEPUM), and the newly formed committee put together by motivated students called the Students Dedicated to the Practice of Pharmacy Committee from the University of Montreal (CEPPUM). This last acknowledgement goes to a group that remarkably produced and distributed, within the last couple months, a video to inform the community about the differences between the role of a pharmacist and of a pharmacologist. You can view the original version here (available in French and English): <https://www.youtube.com/watch?v=4EplCHMvKX4>. The initiative was well received and a second project of this kind is already being produced in collaboration with the Order of Pharmacists of Quebec (OPQ). These short video clips are aimed to target the general public and are mainly to familiarize individuals about the roles of the pharmacist in a humorous way. What a lovely way to proclaim our commitment to the profession!

Another way to show passion for our profession is to encourage student participation in the CAPSI academic competitions. Last October, our committee held its local competitions with a higher participation rate than any other year. We had many solid performances from our students: such devotion proves the enthusiasm of the students is growing every year.

Finally, the Future in Pharmacy annual conference took place. It was a student run initiative that looks to unite pharmacists to discuss the future of pharmacy and the difficulties to be expected in the upcoming years. This last particular seminar was a great success. Close to 225 students and pharmacists gathered and had the chance to hear high quality presentations from professional bodies and pharmacists who are highly involved in their practice. Based on what we saw from the speakers, it is clear that the future years show exciting promise for pharmacists being able to secure their place in the health care field and in the community.

The next Pharmacist Awareness Month is already looking busy with the University of Montreal planning to organize a survey on campus and nearby locations. Students plan to interview individuals to get their opinion on what the job of a pharmacist is. It will be very interesting to hear the responses and to then educate the public on the real tasks of a pharmacist. We are also announcing a collaborative effort with the Ronald McDonald House to give out breakfasts and generally get closer to our community. The students of Montreal are already showing enthusiasm for the project. With all these projects in mind, the CAPSI committee from the University of Montreal wishes everyone a good academic year and encourages all students to get involved in their communities and secure our positions as key players in the health-care field.



SCHOOL SHOWCASE

MANITOBA

Saving Second Base Slo-Pitch Tournament

This August we got together five teams to compete in our third annual slo-pitch tournament. After a successful day in the sun Team Hart, captained by 5th year Joel Hart, came out on top. We continued our fun into the evening with a college social. We were able to raise \$1988.76 toward Plan Canada to fund pharmacies in 3rd world countries!

CAPSI Awareness Week

Our second week of school was jam-packed with all sorts of activities promoting CAPSI and all it has to offer. We brought in a great speaker to discuss the expanding practice of pharmacists, had a fun night out bowling, as well as a "pink day" to help raise funds for our Run for the Cure team. As usual we had a CAPSI orientation for our new 1st years where they all received their new CAPSI swag including back packs, water bottles, and our new "I <3 My Pharmacist" pins. This year we were able to recruit 55 new members!



CIBC Run for the Cure

On a beautifully bright and early Sunday Morning, October 4th 2015, The UManitoba Pharmacy team participated in CIBC's annual Run for the Cure. It was a wonderful event with such good energy and a great cause! We had a great turnout of running enthusiasts from all four years. Some of our team members ran the 5K (a few even made it in the first 5 crossing the finish line!), while others walked. Our team raised 1 \$804.60 for The Canadian Breast Cancer Foundation, and had wonderful time running for the cause. Go team UManitoba Pharmacy!!

TEVA Leadership Night

On Thursday, September 10th 2015, fifty pharmacy students from the University of Manitoba participated in our first annual TEVA Leadership Night. It was a lovely evening of fine dining, followed by an interactive strategic planning seminar. The event helped to encourage the students to expand their horizons, become more effective leaders, and to see the crucial benefit of strategic planning in the running of any organization. Thank you, Teva Canada, for your support and investment in our future Manitoba pharmacists!



SCHOOL SHOWCASE

DALHOUSIE

Awards night and auction

Each spring the College of Pharmacy hosts an awards night and auction to recognize our students on their various achievements throughout the year. We also host an auction as a fundraiser for Alice Housing, a local shelter for battered women and children. Our local CAPSI council donated a guaranteed spot to PDW 2016 in Niagara Falls, which sparked a bidding war between a few students and brought in over \$100.00 for Alice Housing. A board game basket was also donated by Dal's CAPSI council.



Skit Night

Although not hosted by CAPSI, skit night is a huge event that occurs at the end of each school year. Each class puts on a skit and competes for the honored title of "Best Skit". This year the underdog class of 2016 came through with a huge win with their hilarious and very musical skit to block the class of 2015 from their fourth win in a row.

Canadian Pharmacists Conference 2015

At the Canadian Pharmacists Conference, which took place in Ottawa, we were honoured that our very own Rita Caldwell was the recipient of the CPhA Honorary Life Award. We Corralled all of the Dalhousie students and alumni together at the Closing Gala for a photo op.

CAPSI Orientation Week

In order to welcome the class of 2019 to the College of Pharmacy, CAPSi hosted a "Picnic" and a Games night during the first week of classes. The picnic was originally planned to be held at the local park, but traditional Halifax weather resulted in an indoor picnic. We tried to promote healthy food by providing croissant sandwiches, vegetable and fruit trays, vegetarian chilli, with water and juice to drink. The game night had a great turn out, with many first year students turning out to mingle with their peers and enjoy some of the many games that were available. Everyone enjoyed Cards Against Humanity, Settler's of Catan, Clue, Yahtzee and many more games as well as the candy buffet that was provided.



Evolve Career Fair

Every September we have lot of potential employers set up booths at our career fair, and we were lucky enough to be provided with a booth by the organizers. We used this opportunity to pass out agendas and copies of CPJ, as well as provide information on PDW 2016. We were also excited to start PDW sign ups!

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