CANADIAN ASSOCIATION OF PHARMACY

# CAPSIL

STUDENTS AND INTERNS LETTERS

CAPSI • ACEIP

WINTER

2017

# Letter From The Editor

Greetings CAPSI members,

I feel incredibly grateful to have connected with so many of our members during the past eight months, and my appreciation for all of you has grown to unsurmountable levels. Our passionate members are what makes CAPSI a truly special organization, and we are incredibly grateful for the amazing support we receive from all of you. You are the lifeblood of our organization and we couldn't do anything without you. For this reason, I have dedicated this issue of the CAPSIL to showcasing the most important thing in our world…our lovely members!

On both the local and national level, you consistently display passion, dedication, camaraderie, creativity, and intelligence. These qualities represent everything CAPSI stands for and we couldn't be more proud of everything you do. Whether your writing stories that exemplify professionalism, engaging in academic competitions, displaying excellence through PAM volunteering, promoting advocacy across the country or actively participating in unifying events, your contributions are invaluable and they do NOT go unnoticed.

In the following pages, you will find TONS of pictures from PDW which showcase the REAL faces of our organization. One look at these pictures is all you need to gain an appreciation for the energy and enthusiasm our members bring to the table every single day. You can literally feel the passion and excitement in their eyes, and this is truly what it's all about!

A little further down (OK…a lot further down) you will also find local SLC award winning essays. These essays will have a gold star next to author's names, and believe me when I say they deserve that gold star! They are all incredibly well-done essays on very interesting and relevant topics ranging from medical marijuana to first nation's healthcare.

I hope you all enjoy this issue, but more importantly I hope you understand the enormous impact you have on everything CAPSI does. We are all connected and everything we do reflects on not only our organization but our profession as a whole. You literally bring us to life and move us forward, and it is important that you always remember that!

Sincerely,

Darren Reithmeier
CAPSIL Editor
University of Saskatchewan

# VPPA: CAHPSA Update

By: Madeleine James
Vice President of Professional Affairs
2016-2017

One of the core responsibilities of the Vice President of Professional Affairs (VPPA) on CAPSI has been to establish interprofessional relationships with other student health professional associations across the country. Over the past two years, after the re-establishment of the VPPA position, CAPSI has played an integral role in a new national interprofessional alliance. The goal of this alliance is to connect student health professional associations on a national level to share information, resources and work collaboratively to coordinate new interprofessional initiatives.

In 2017, this alliance was officially named the Canadian Alliance of Healthcare Professional Student Associations (CAHPSA). Currently the alliance has representatives from the professions of: pharmacy, medicine, nursing, physiotherapy, occupational therapy, dentistry, optometry, speech language and audiology. CAHPSA is continuing to actively recruit more health professions in order to ensure full representation in the growing national student conversation. As CAHPSA has officially received a title and currently has extensive interprofessional representation, I would like to take the opportunity to share some of CAHPSA's past and potential future projects.

In late 2016, the current CAPSI president officially signed CAHPSA's declaration, mission and vision along with several other student presidents of healthcare associations. This marks the end of an extensive process to create a declaration, mission and vision which clearly conveys the goals of CAHPSA. These documents were signed only after providing an opportunity for students from all participating health professions to voice their opinions through a national survey and in-person at an interprofessional conference. The signing of this document reaffirms CAPSI's commitment to advancing interprofessional collaboration on both a local and national level. The vision and mission statements have been highlighted here for CAPSI members to understand the goals of the alliance.

CAHPSA has also led to opportunities for interprofessional collaboration on initiatives which would normally be completed solely by one student health organization. The emergence of CAHPSA allowed members of CAPSI and other student health professionals to offer input on the Canadian Federation of Medical Students' (CFMS) student run clinic toolkit. The past CAPSI Vice President of Professional Affairs was able to help author a section and contribute to the literature review. This is a perfect example of how CAHPSA can facilitate the sharing of ideas and resources to strengthen individual initiatives.

CAHPSA has also led to numerous discussions surrounding different initiatives student associations have decided to pursue. These projects have included planning government lobby days, developing ethical frameworks and creating position papers on interprofessional topics. These discussions on topics and campaigns which impact multiple student health professional associations have resulted in expanded collaborative ventures. They have also led to the creation of new or enhanced uniprofessional activities through shared interprofessional resources and experiences.

An upcoming project CAHPSA is currently exploring is a collaborative national mental health and wellness campaign. Currently, several student health care associations do not run national campaigns related to student mental health or wellness. Given this, there is an opportunity for multiple health professional student associations to work together to improve current uniprofessional campaigns or collaborate on a new shared initiative. In the coming months, the conversation will continue within CAHPSA about possible approaches to this issue and how we may work together to grow the national health care student voice about mental health. This is just one example of the kinds of initiatives CAHPSA is committed to exploring to see if we can build upon existing ventures or create new opportunities for our students.

This article highlighted some past achievements and future directions of CAHPSA. CAPSI's continued efforts working with CAHPSA will serve to benefit both our own members and those of our fellow student health care professionals. As CAHPSA continues to develop, it will hopefully expand to cover more health professions and support many diverse initiatives. CAPSI will continue to seek out advocacy and interprofessional opportunities such as this one for years to come.

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## CAHPSA Vision and Mission Statements

<u>Vision</u>

Through our collective partnership in the Canadian Alliance of Healthcare Professional Student Associations we strive to promote and advocate for the advancement of interdisciplinary collaboration, education and leadership, with the goal of improving healthcare for all Canadians.

<u>Mission Statement</u>

- Represent and promote collaboration between our respective professional allied healthcare student associations.
- Collectively advocate for issues related to healthcare students and professionals, and quality patient-centered care.
- Serve as a common platform for national interprofessionalism by building and supporting projects that promote interprofessional collaboration across the country.
- Serve as a unified voice between our professional healthcare associations to have more impact and represent a diverse input and expertise to share with government, administration, the public and other stakeholders.
- Support the transition of interprofessional relationships and collaboration from training towards professional practice.
- Enhance relationships between the public and future healthcare professionals.
- Share ideas, experiences and resources that promote the mutual development and common interests of the organizations in this alliance.
- Support each of the organizations within this alliance and aid in advocacy around uniprofessional issues facing any members of the alliance.

# President's Address

Dear CAPSI members,

Welcome to the Winter 2017 edition of the CAPSIL and congratulations on completing the Fall 2016 semester of your academic career! The winter term has always been my favourite in pharmacy school mainly because it starts off with CAPSI's Professional Development Week conference, hosts Pharmacist Awareness Month, and ends with the sense of accomplishment in conquering another challenging year. Pharmacy students across the country have been hard at work not only in the classroom, but also outside, making a difference and creating awareness of the incredible impact our profession has on health care. I'm pleased to say that this edition of the CAPSIL will highlight some of these inspiring stories and hopefully leave you with a renewed passion for the profession and appreciation for your colleagues from cost-to-coast.

Congratulations to our University of Manitoba colleagues, as they successfully hosted Professional Development Week 2017 themed "Beyond Boundaries". After three years of planning, the dedication of the planning committee resulted in a stupendous conference for both delegates and CAPSI stakeholders. I hope each delegate left Winnipeg with the inspiration to continue pushing the boundaries of our profession to enable pharmacists to practice to the full extent of their knowledge. Thank you to the PDW 2017 Planning Committee, the University of Manitoba and all volunteers for your commitment to organizing a brilliant conference for Canadian pharmacy students!

During PDW 2017, CAPSI National was pleased to launch its brand new members only portal! If you have not checked it out yet, do so here: http://www.pharmacists.ca/capsi-membership/login-capsi/. This project has been underway for quite a while now but really transpired because of our strong relationship with the Canadian Pharmacists Association (CPhA). When you login you will notice that you must be registered as a CPhA affiliate before you can gain access to the CAPSI website – CPhA affiliate status is just another CAPSI benefit you receive. You can now obtain your discounted AgroHealth codes online, gain access to a STAPLES discount, and view CAPSI National election materials and candidate information through the portal. Although the portal is small as of right now, CAPSI National has big plans for this outlet as a means to connect with its members more and provide further benefits.

While in Winnipeg, CAPSI National hosted its Annual General Meeting (AGM) where we openly discussed our current financial difficulties and the efforts the National Council has made to rectify these issues and ensure the longevity of the organization. As such, CAPSI National announced a membership fee increase from $12 per member per year to $15 per member per year effective September 2019. Other measures were taken to reduce our projected deficit from approximately $55,000 to $23,000 this year, including cutting CAPSI National Council travel reimbursement to PDW, going paperless for the CAPSIL, admin expenses for positions, and cutting other areas deemed unnecessary given the current fiscal landscape. It is important to note that all financial decisions were made with CAPSI members and the benefits provided to each of you as the main focus. Council worked tirelessly to ensure that progress is made towards financial stability without compromising current membership benefits such as awards, competitions, the agendas, and PDW. If you have any questions regarding CAPSI's current financial situation please feel free to contact myself pres@capsi.ca and our current Finance Officer at finance@capsi.ca. CAPSI National identifies that the full recovery of such a deficit will take time and fiscal responsibility is set to be a main focus for the 2017-2018 year.

After the AGM, CAPSI National was proud to host its first open meeting session for members. This one-hour session allowed conference delegates to sit in and experience a CAPSI National meeting first hand in an effort to increase transparency to our members. The session was a true success and CAPSI National is looking to improve and provide further opportunities for our members to become involved and see exactly what CAPSI National does for them.

Overall, PDW 2017 was a success for CAPSI National as our Council was able to interact with our members and understand what questions and concerns they have regarding the Association. One question that repeatedly came forward was, "what exactly does CAPSI National do?" – a very valid question. For most pharmacy students, CAPSI is seen as a local effort. Which it is, and I know beyond a shadow of a doubt that all twenty of our local representatives do an incredible job of ensuring CAPSI has a presence on their campus. But what about CAPSI National? As the President of the organization this really prompted me to take a step back and re-evaluate our presence. The 33 members of the National Council are often so invested in the work that we are doing that oftentimes we forget to humanize our roles and provide the explanation of how our work is impacting our individual members either directly or on a greater scale. This is a discussion that will continue on far past my time on Council, but this question is so valuable for CAPSI's leadership to constantly assess. In essence, CAPSI National is advocating for Canadian pharmacy students as a collective. CAPSI National ensures that competitions and awards are organized and carried through at each school, as our very own VP Education develops the cases with their subcommittee and ensures that all supplies, money and information is provided. CAPSI National ensures that PDW can begin planning by providing start-up finances and guidance, connecting with sponsors, offering a method of communication between the host school and the other nine faculties for registration, and much more. One of the main efforts of CAPSI National, and the effort that is dearest to my heart, is that CAPSI National acts as the true representative of the student voice with pharmacy practice stakeholders such as CPhA, CSHP and AFPC. CAPSI Council members join national efforts to lobby for practice advancements, participate in national steering committees and join in the national discussions advocating for the advancement of pharmacy practice. The 33 members on the CAPSI National Council work tirelessly throughout the year to ensure that the next generation of pharmacists are heard since the discussions of today are (hopefully) the reality of tomorrow, just as the students of today are the pharmacists of tomorrow.

I would like to thank you for asking the question of what we are working to do for you as members, in my opinion this will push the organization that much further to better represent you and increase transparency. By no means is this an exhaustive list or complete explanation of exactly everything CAPSI National does, but I hope it provides better clarity. CAPSI strives to fulfill its vision of creating "a national community of pharmacy students and interns empowered to advocate for the advancement of the profession towards excellence in patient-centered care". If you have any further questions, comments or concerns please to do hesitate to contact myself at pres@capsi.ca, or your local representatives for more information.

I hope this edition of the CAPSIL demonstrates the National community CAPSI has worked so hard to create. May you be inspired by your peers and look forward to the great things we can accomplish together with the motivation and passion exemplified through the stories within the pages of this magazine.

Happy reading,

Caitlin McGrath
CAPSI National President
University of Saskatchewan – BSP 2017

# CELEBRATING PDW

## OPENING GALA

## FOLKLORAMA














# CELEBRATING PDW

## OPENING GALA

## FOLKLORAMA














# CELEBRATING PDW

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# CELEBRATING PDW

## OPENING GALA PHOTOBOOTH







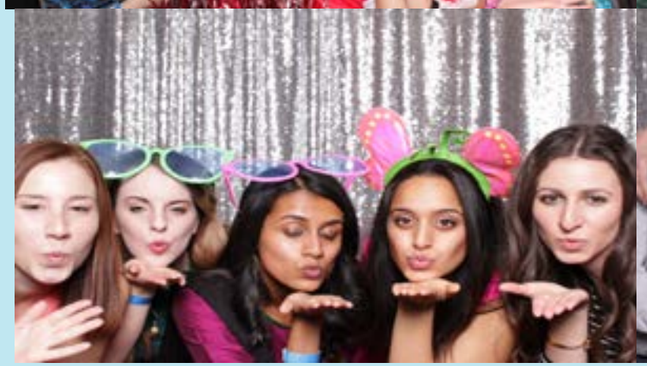
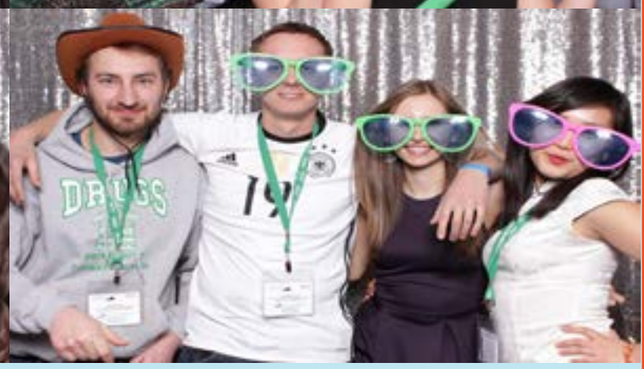





# CELEBRATING PDW

## OPENING GALA PHOTOBOOTH



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# CELEBRATING PDW

## KEYNOTE SPEAKER
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# CELEBRATING PDW

## MOTIVATIONAL SPEAKER
## BRUCE KIRKBY














# CELEBRATING PDW

## SOCIAL NIGHT @ THE CITIZEN












# CELEBRATING PDW

## SOCIAL NIGHT @ THE CITIZEN














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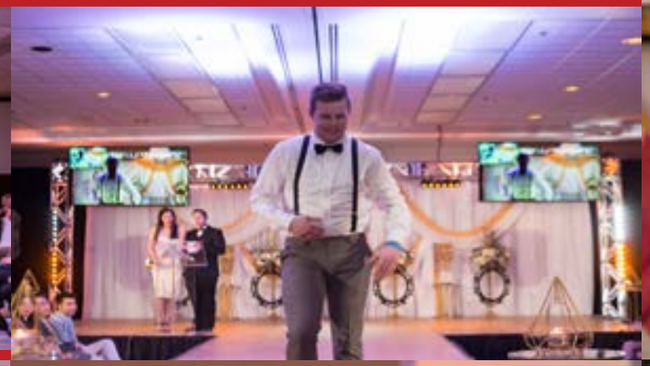
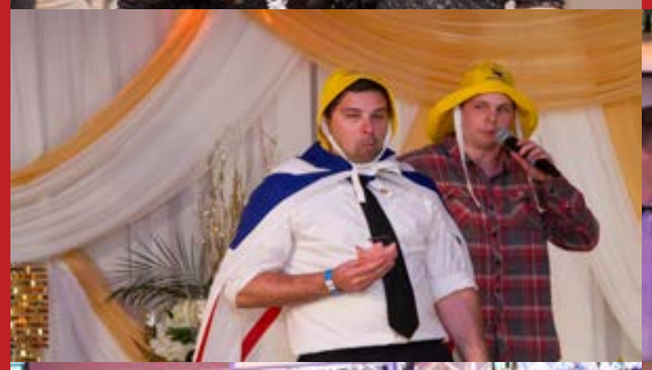
# CELEBRATING PDW

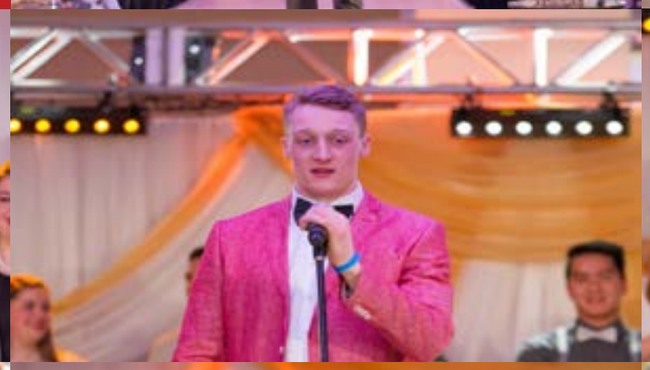
## Canada's Next Top Pharmacist














# CELEBRATING PDW

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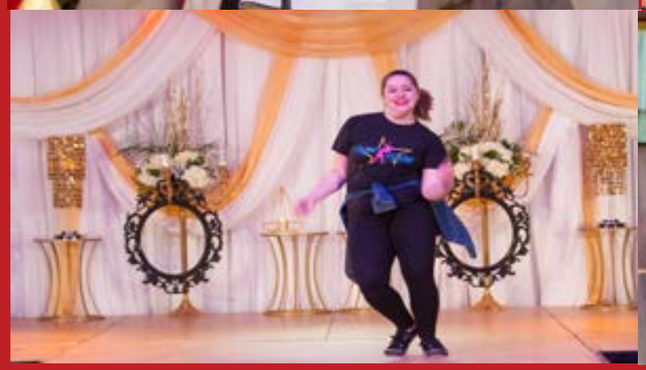


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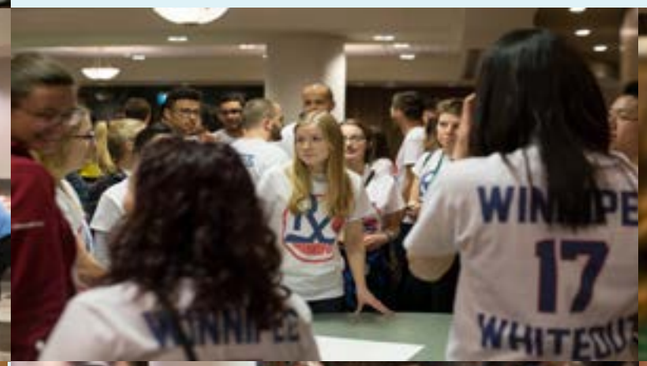



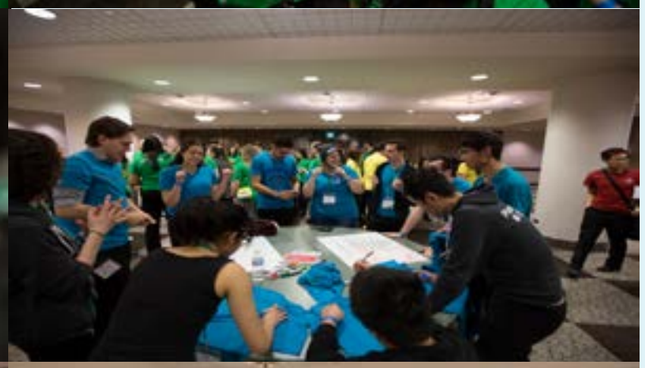


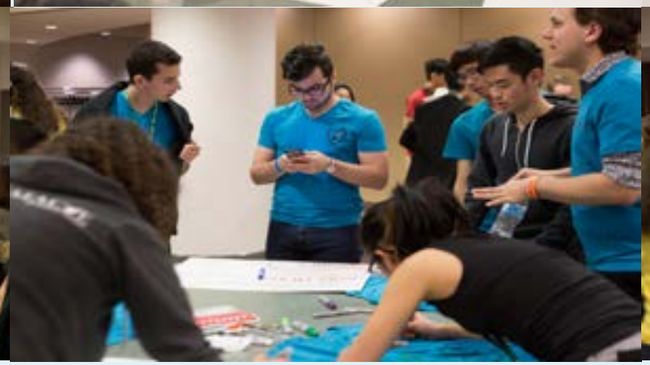

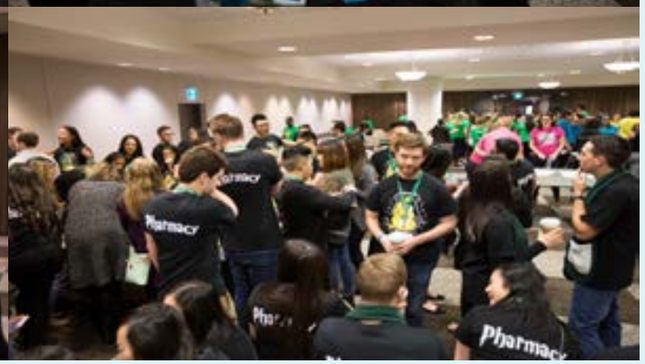

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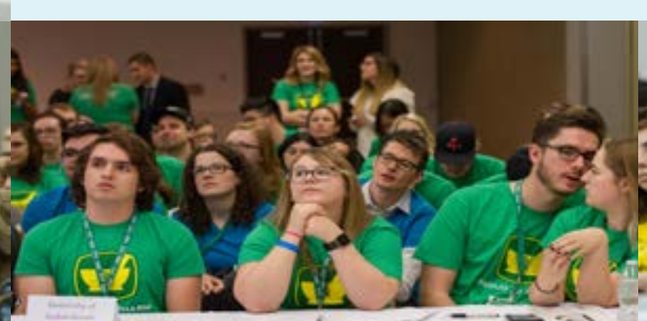









# CELEBRATING PDW

## *Closing Gala*

## *Night at the Oscars*

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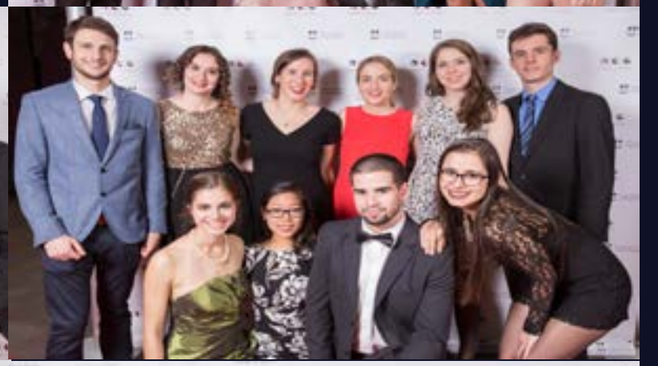
# CELEBRATING PDW

## *Closing Gala*

## *Night at the Oscars*











# CELEBRATING PDW

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# CELEBRATING PDW

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# CELEBRATING PDW

## Closing Gala Photo Booth






# CELEBRATING PDW

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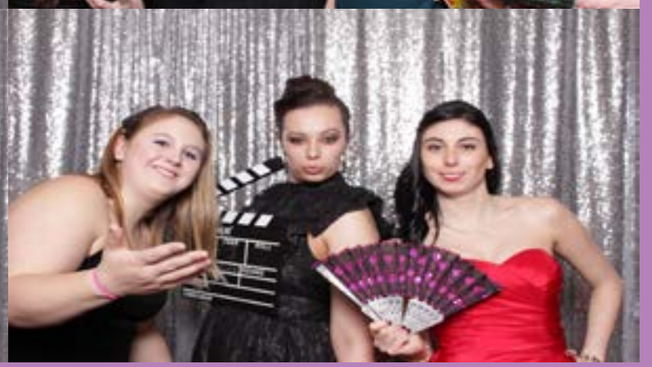

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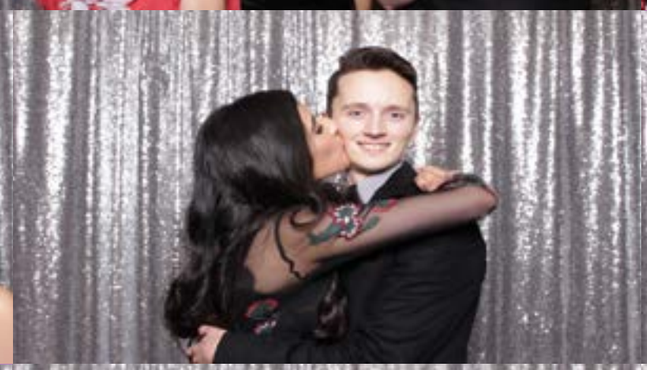

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## Closing Gala Photo Booth












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# CELEBRATING PDW

## Closing Gala Photo Booth







# Louis Hebert, The First Apothecary in New France

PROFESSIONALISM

Louis Hébert, first apothecary in New France…1617

Written by: Marie Caron, president of Société québécoise d'histoire de la pharmacie

Louis Hebert was the son of Nicolas Hebert, apothecary at the court of Catherine de Médicis. He was born in the Mortier d'Or , the drug store of his father in a house near the Louvre. This was in 1575.

A well-known historian, Marc Lescarbot in 1606 speaks with praise of his skill in healing and his pleasure in cultivating the soil in Acadia. On a map of that region, there is an island and a river named after Hébert. In the summer of 1606, our apothecary sailed with Champlain along the Atlantic coast, seeking sites suitable for settlement.

In 1610, Hébert was again in Port-Royal, Acadia. As an apothecary, he treated both French and Indian patients. Apparently, meals as well as medicine received his consideration; he prepared and administered both to chief Membertou in his last illness

Louis Hébert sold his house and garden in Paris around 1617. He then took his wife, Marie Rollet, and their three children to Honfleur ready to embark to cross the Atlantic Ocean. Quebec City was the final destination.
His apothecary's skill and his small store of grain were a godsend to the sick and starving citizens during the harsh winters. He succeeded in clearing the land and cultivating grains. Champlain on his brief visit in 1618, found cultivated land filled with fine grain and gardens in which flourished a variety of vegetables.
For many years Hébert was the only man besides Champlain himself who took any interest in cultivating the land. Our pharmacist before his time also enjoyed the confidence of the Indians, whom he, in contrast to many of his counterparts, considered as intelligent human beings lacking only education. Many instances bear witness to their respect and affection for him.

Our first farmer had archived his cherished ambition: he had brought under his control enough of the wild land of the New World to support himself and his family in total independence.

In the winter of 1626, he fell on a patch of ice which proved to be fatal. He was buried in the Recollets cemetery on January 25th 1627.

Reference : Canadian biographies

2017 will be a celebration of his time in New France : an exhibit , Louis Hébert , quatre cents ans d'histoire de la pharmacie will be held at Laval University. A symposium as well on May 31th.

Information : www.sqhp@pha.ulaval.ca


PROFESSIONALISM



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# Head, Heart & Gut: The Role of the Conscience in Pharmacy Practice

Written by Terri Anne Gibson*, University of Saskatchewan



The landscape of Canadian pharmacy is changing, and with the tides of change there also comes the inevitable flow of new questions and challenges, as well as, sometimes, the reignition of old debates. In 2016, two developments came to pass which, for some Canadian pharmacists, brought the subject of conscientious objection back to the forefront: the passing of Bill C-14, which allows for medical assistance in dying, and the approval in Canada of the drug Mifegymiso, colloquially known as "the abortion pill."

A recent article by Savulescu et al.1 has asserted that patients should be guaranteed access to medical services that are subject to conscientious objections by removing the right to conscientious objection entirely. They further opined that "[…] given that there is an oversupply of people capable and willing to become medical professionals, we should select [only] those willing to provide the full scope of professional services." This would deny entry into healthcare programs to any individual who may hold a conscientious objection to providing services in conflict with their moral beliefs. The authors' position is, essentially, that individual values have no place in the provision of care, regardless of the content of those values.

Given the intertwined role of pharmacists in the provision of these services, the authors' perspective implicitly captures pharmacy practice. The primary questions therein are whether or not there is a place for the "conscience" in pharmacy practice and, similarly, whether or not those who are guided by an internal moral compass that may limit certain services they are willing to provide should be granted admission to pharmacy schools across Canada.

To be clear, this is not a position paper on whether or not the provision of certain products or services are morally right or wrong in themselves, but rather, whether or not pharmacists should have the ability to exercise personal values in their practice.

First, the authors' argument addresses intolerance against those patients who seek services, such as medical assistance in dying, abortions, and contraception, by promoting intolerance against those who hold moral beliefs which are in conflict with the provision of those services. The answer to perceived intolerance is not further intolerance and the instigation of divisive attitudes between health professionals. The answer, in fact, is the very opposite—it is tolerance and inclusiveness, which endeavours to provide a solution that satisfies all parties involved. This has already been addressed by the guidelines for conscientious objection provided by the various provincial pharmacy governing bodies, which permit conscientious objection only if the patient's access to care is not impeded and a referral is made to a non-objecting, available and accessible alternate provider.

Of course, in remote locations this becomes more problematic if patients are denied care they are legally entitled to, but there are no accessible alternatives in the area. In emergent situations where it is necessary to prevent imminent harm, the objecting pharmacist must provide care for that patient; however, the definition of "imminent harm" can become clouded and patients can still be denied services to which they should have access. In such a situation, though, the answer still is not to strip pharmacists of their conscience, but perhaps to look at the policies governing access to care and the availability of services in remote areas. If a service or product is a legal right in Canada, then patients should have reasonable access to the same—but, not at the expense of removing basic freedoms to which all Canadians, even pharmacists, are entitled.

Further, without the freedom to practice in a conscionable manner, we are reduced to thoughtless vectors of law and policy, neither of which are unfailingly perfect in every circumstance. Consider what the landscape of pharmacy would look like if all services were always performed without question or opposition. If we silence the conscience in pharmacy practice, we remove a fundamental human aspect of healthcare provision. Even from a practical perspective, the authors' argument lacks traction: laws and policies change. If we only admit those hopefuls to pharmacy programs who, at the time of entry, are willing to perform all aspects of the pharmacist scope of practice, what is to say that by the time they are practicing, new laws and policies won't have come into place with which they may no longer be comfortable?

Patients should not desire the health professionals involved in their care to abandon their moral integrity, even if that means the health professional objects to providing certain products or services. Integrity, by definition, imparts the qualities of being honest and adhering to moral uprightness—characteristics necessary to uphold the various Codes of Ethics by which the practice of pharmacy is governed in each province and which ensures protection of the patient. Integrity is an all or none concept; we should value those who uphold their convictions in a healthcare setting, regardless of whether or not we agree with them. If one cannot be trusted to uphold accountability to their own morals, it becomes questionable whether they can be trusted to uphold accountability to their patients as well.

Recently, a well-respected professor at the University of Saskatchewan spoke to his class about the concept of "head, heart and 'gut'" in the practice of pharmacy. The head is where all your knowledge is stored—drug classes, doses, interactions, and other technical concepts—but we cannot forget about the heart and the "gut," which are the driving, intuitive forces behind the provision of not just good patient care, but exceptional patient care. Let's keep the heart and gut in pharmacy practice, not only for the benefit of our patients, but also out of respect for one another and the diverse population that makes up the pharmacy profession to which we are so proud to belong.

PROFESSIONALISM

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PROFESSIONALISM

# REFERENCES

1. Savulescu J, Schuklenk U. Doctors have no right to refuse medical assistance in dying, abortion or contraception. Bioethics 2016;Sept:1467-8519. Available: http://onlinelibrary.wiley.com/doi/10.1111/bioe.12288/full (accessed October 2, 2016).


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# CAPSI Agenda Cover Contest

Hello CAPSI Members!

Do you have a flair for art or graphic design? Would you like your artwork to be seen by pharmacy students across the country? Is your wallet a little lighter than you'd like? If so, CAPSI National can help!
CAPSI National provides all our members with a student agenda each year to keep you organized - and we need a cover design for our 2017-2018 agenda! We are accepting entries until May 22nd for a cover art contest, where the winner will receive a $50 gift card to the store of their choosing.

Designs need to be 300 dpi, 5.5 inches x 8.5 inches and saved in a .jpg file format. It must display the CAPSI name and logo and the school year somewhere on the cover (i.e. 2017-2018). If you have any questions about the format or content, please email vpcom@capsi.ca or ask your school's local Jr or Sr reps!

# They judge you, but do you judge them?

Sabrina Lorico*, University of Alberta

PROFESSIONALISM

Before I leave my house to go to work (at a community pharmacy) I look at myself in the mirror and think, "If I were approaching the pharmacy counter and I saw me, would I trust me?" I always ask myself this because we may not want to admit it, but appearance does matter.

Think about it. A patient approaches the counter and sees you. Before he speaks to you, he is already assessing if you are competent enough to be trusted with his health, based on your appearance. "Her clothes aren't wrinkled. Her hair is in place. She looks like she showers. She's smiling at me – she seems really nice. I'll trust her." As that same patient approaches you, some of the same thoughts may be going through your mind: This patient looks tired. Maybe he was waiting at the doctor's office for a few hours. He might be a handful. Smile at him, maybe that will make things easier.

Whose appearance matters more? Yours? Or your patients?

In the scenario above, do you believe that the patient has the right to judge you? Most patients that come to see us barely have a clue about their recent diagnosis, its pathology, or what they are about to take to treat it. And now, they have to decide if you are capable enough to take care of their health. As a patient, it is a big responsibility to make that call but they reserve the right to do so.

Now, imagine this: an overweight, elderly lady comes into your pharmacy asking for needles and syringes. What do you think she is using them for? Now imagine this same scenario, just tweaked a bit: a very muscular, tattooed, fit male in his late 20's comes into the pharmacy asking for needles and syringes. What do you think he is using them for? Who is using the needles and syringes for diabetes? Are they both? Or is one using it for illicit drug use?

In our Code of Ethics the second principle is, "Respect each patient's autonomy and dignity", and in order to uphold this principle we swore that, "[we will] Avoid discriminating against any patient on grounds such as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation or socioeconomic status." Nowhere in this definition does it blatantly state that we will avoid judging our patients based on their appearance.

How important is appearance to our practice? How often does it affect our decision of whether or not we will dispense Tylenol® #1's to a patient? How often does it determine if we will call a prescriber to confirm if she did indeed scratch out the 60mL on a prescription for codeine cough syrup and replaced it with 200mL? How often will we withhold information, medication, and care to our patients, based on their appearance?

Judgment continues to thrive in our communities. Whether deliberate or involuntary, it is engrained in our society. As a healthcare practitioner that is embedded within a community, we are counted on to keep our patients, and the well-being of themselves and their loved ones, safe. But when a patient leaves their house to see you, should they ask themselves, "If I were a pharmacist, and I saw me, would I trust me?" Even though we may not want to admit it, appearance does matter.


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# A Promising Solution to Opioid Overdose: Ontario's Naloxone Program

By: Vivian Tsoi*, University of Toronto

EXCELLENCE

Widespread alcohol and substance use is notably present in Toronto's downtown core, where more vulnerable and marginalized populations tend to reside. In response to rising rates of overdose, the Toronto Drug Strategy recommended a comprehensive and coordinated platform to "expand overdose prevention strategies for all substances" in 2005.[1] Despite this call for action, overdose death caused by medical and non-medical drug-use became the third leading cause of accidental death in Ontario in 2013, with a substantial proportion of these cases attributed to the use of opioids.[2] Coroner's data from 2014 also revealed that approximately one opioid-related death occurs every 13 hours.[3]

Over the last few years, the Ontario government has attempted to suppress high rates of non-medical prescription opioid use. Such methods included i) removing the highly misused narcotic OxyContin from the provincial drug formulary, and ii) reintroducing OxyContin as an "abuse-deterrent" formulation (i.e. OxyNeo). Although Oxy product use declined, users easily shifted to other opioids such as heroin, fentanyl and other, less expensive illicit substitutes.[2]

As part of a series of services offered by The Works, Toronto Public Health's Harm Reduction Program, the Prevent Overdose in Toronto (POINT) initiative was implemented in August 2011. POINT is a community-based initiative that aims to prevent overdose through naloxone distribution, injection training, and overdose education for at risk opioid users.[4] Naloxone (brand name Narcan) is an opioid antagonist with low-abuse potential. It acts by reversing the effects of opiates through displacement of bound opioid from mu opioid receptor sites. When an individual overdoses on an opioid, the central nervous system is unable to regulate basic bodily functions; hence, breathing is slowed, body temperature falls, and a loss of consciousness occurs. Overdosed persons can also become cyanotic, myoclonic and potentially seize. If hypoxic conditions continue, death is imminent, but can be delayed for up to several hours. After intramuscular (IM) administration, naloxone acts within 3 to 5 minutes, and provides a 30 to 90 minute window for seeking medical attention.[2]

A great deal of effort has been invested in making naloxone readily available and cost effective for emergency use in opioid overdose. As of June 24, 2016, the National Association of Pharmacy Regulatory Authorities (NAPRA) designated injectable naloxone hydrochloride as a Schedule II drug. Consequently, any eligible patient or agent may obtain a naloxone emergency kit directly from any community pharmacy, without a prescription and at no cost. Each kit contains two doses of naloxone, supplies for administration and a naloxone identifier card. Eligible persons include those who are currently using opioids; a past opioid user at risk of re-use; or a family member, friend or other person able to assist a person at risk of opioid overdose.[5]

Based on the Ontario Naloxone Program for Pharmacies (ONPP) policy, pharmacies can submit claims for providing this service through the Health Network System (HNS). Pharmacies are reimbursed $70 for the initial kit (i.e. kit $35, professional fee $10, professional training $25), and $45 for each subsequent replacement kit.[5] As per the Ontario Pharmacists Association (OPA), it is the pharmacist's professional responsibility to ensure that he or she is competent to provide naloxone training and education to patients.[6] OPA members can access an online module that educates pharmacists on the use of naloxone in overdose and tools for patient and agent education.

In early October 2016, naloxone nasal spray was approved by Health Canada.[7] A partnership between Ontario Correctional Services and the Ministry of Health and Long Term Care has enabled naloxone nasal spray to be given to at-risk inmates upon release. Compared to the IM injection, the nasal spray is easier to administer in a crisis situation. However, it is roughly $70 more expensive than the IM formulation and requires increased dosing to be effective.[8] In light of the above, naloxone (in any dosage form) has demonstrated utility in the fight against opioid addiction, overdose and death.

Overall, Ontario's Naloxone Program provides a unique solution to Toronto's rising rates of opioid-related overdose and death. In addition, this program draws on the knowledge and skills of community pharmacists, one of the most accessible, front-line health providers, in improving the accessibility to and safety of naloxone for at-risk opioid users. Moreover, this initiative has enabled pharmacists to fully embrace their roles as clinicians and educators, to enhance their professional skill set and to increase career satisfaction. Ultimately, the support and involvement of pharmacists and pharmacy-related organizations has enabled this life-saving program to successfully gain and preserve momentum.

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# Can we fix Compliance?

Tayyaba Mawani*, University of Waterloo

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What's the point of investing millions of dollars into a drug's development if half of the target population isn't going to take it?[1] As healthcare workers, we know that pharmacologic therapy is often the cornerstone to treating chronic conditions and it can effectively reduce disease symptoms or minimize the associated complications.[2] Drug therapy can also reduce the risk of negative outcomes like strokes, heart attacks, renal failure and other serious outcomes. However, despite the hundreds of compounds tested in labs, the millions of dollars invested in the drug, the countless hours doctors and pharmacists (and other healthcare providers) put in to learn about the disease states and the immeasurable effort these healthcare providers put in to educate patients about the importance of these drugs, they continue to sit on the shelves – either never filled, or never taken once they go home with the patient. Studies show than 50% of patients do not take their medications as prescribed.[1] So whose fault is it? Who is to blame? And what can we do about it?

Unfortunately, the answer isn't quite so simple. We inherently assume that the patient is at fault – we assume the doctor prescribed the drug in the best interest of the patient, and the pharmacist filled that prescription without error and counseled appropriately. However, we need to take a shared responsibility for this issue and realize we are just as accountable as our patients who fall in that 50%. A pharmacist who failed to address that taking a medication once a day was too difficult for the patient and did not suggest a once a week dosing schedule is just as accountable as the patient who did not take the medication every day. Therefore, it makes sense that the solution to this problem must also involve the multiple healthcare providers involved earlier in process and not just the end-user.

The first and most obvious solution starts with education. It is our responsibility as pharmacists to educate patients about their health conditions, the various treatment options available and allow them to make an informed decision given these different therapies. It is also our responsibility to acknowledge and address their past experiences with medications (especially if they were negative) and provide motivation for continuing their chosen therapy. We should inform patients about the potential side effects, the burdens, the harms of non-compliance, the financial implications and the dosing schedules for the medication if they choose a drug. At the same time, patients may feel like they need more guidance and encouragement on a daily basis to motivate them to continue taking their medications and reap the benefits. This is where the idea of gamification comes into play and is the basis for innovation in improving compliance.

Gamification refers to the "use of game design elements in non-game contexts".[3] It has helped make companies such as Fitbit, Uber, King, Starbucks, President's Choice Points, Foursquare and countless other companies widely successful. The common theme between all of these different companies is gamifying the user's experience and engaging them by giving rewards for doing tasks. Although this is a newer concept as it relates to the medical industry, there is ample evidence to support its usefulness and effectiveness in other industries. For example, Fitbit uses a pedometer and your smartphone to track your activity, compete against your friends, join communities and connect with anyone around the world with a Fitbit.

A similar idea could be promoted within a pharmacy to gamify the medication management experience. An app could be developed where patients enter their medications, the time(s) of day they take them, and they would get points when they take each medication. With their points, they can move up to higher levels and unlock more features in the app. They would also be able to make challenges with their friends and compete for the highest compliance in a week or month (the drugs the patient actually takes would be private from their friends). There could also be communities for people with varying disease conditions to join in where there would be information about the condition (like hypertension) and connect with other users. This data could sync with the pharmacy so pharmacists could monitor their patients' compliance and address any issues at the next follow-up – did the patient have side effects and stop their medication? Did they misunderstand how to take it? Was the dosing regimen too complex? This data would be extremely valuable to both the pharmacists and the patients as it provides a log of the doses the patients took. The app could send a reminder to patients to take their medications and if they miss a dose, the patient could record why (they skipped it because of side effects, they forgot, etc.). By gamifying the medication management experience, there is a greater chance of success and hopefully a better health outcome as a result.

It is important to address medication non-compliance from a systems level rather than an individual level – it is no single person's fault or problem. Addressing compliance issues requires time and attention from the healthcare providers as well as input and action from the patient. By gamifying the medication management experience, there is a real possibility that we can finally tackle this issue effectively and made medication compliance an issue of the past.

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# To Dispense or not to Dispense: A Review of the Debate on Medical Marijuana in Pharmacy

Dana Habicht*, University of Manitoba

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*Background*

A current topic of debate amongst pharmacy professionals is the dispensing of medical marijuana. According to Health Canada, individuals can access medical marijuana through licenced producers, produce their own supply of marijuana or designate someone to produce it for them.[1] The question is: why are pharmacists, as "drug experts", not responsible for the dispensing of medical marijuana? A number of reasons exist which explain why pharmacists are not currently dispensing medical marijuana. These reasons include an absence of legislation, that medical marijuana does not fall within the evidence-based practice of pharmacy and that pharmacists do not feel adequately educated in this area. Despite these reasons, many professionals and pharmacists believe that the dispensing of medical marijuana should be tasked to pharmacists because pharmacists are deemed "medication experts" and patients choose to use marijuana to treat medical conditions.

*To not dispense: why pharmacists do not currently dispense medical marijuana*

The current Canadian regulations providing a basis for the dispensing of medical marijuana are the Access to Cannabis for Medical Purpose Regulations (ACMPR) which came into effect August 24th, 2016.[1] According to these regulations, individuals who have been authorized by a health care practitioner to use medical marijuana can choose to access it through one of 34 Canadian licenced producers, grow their own limited supply of marijuana for their own personal use or designate another individual to grow it for them. While there are many acts and regulations which apply to the practice of pharmacy there is an absence of legislation governing or allowing for the dispensing of medical marijuana by pharmacists. Medical marijuana has never been authorized by Health Canada as a drug and granted a Notice of Compliance and Drug Identification Number.[2] This represents a "grey area" and is one practical reason why pharmacists are not current dispensing medical marijuana.

Medical marijuana does not fit well into the evidence-based practice of pharmacy because there is a lack of high quality evidence of efficacy and safety for its use. Despite an overwhelming quantity of anecdotal evidence, a Canadian Agency for Drugs and Technologies in Health (CADTH) review from 2013 states that "no evidence-based guidelines available for the use of medical marijuana for specific medical conditions were identified".[3] The lack of clinical evidence and guidelines for its use is another reason why many pharmacists are not in favour of the idea of dispensing medical marijuana.

Most pharmacists are not adequately trained or knowledgeable in this area of practice. Accredited Canadian pharmacy program curriculums do not validate medical marijuana as a therapeutic option and students are not educated on administration techniques or how to provide patient counselling for medical marijuana. In a document prepared for the Canadian Pharmacists Association in March 2016 titled "Improving Medical Marijuana Management in Canada", one proposed action in creating a "medical marijuana framework" is to enhance medical marijuana education and training for health care professionals.[4] Many pharmacists likely do not feel comfortable dispensing medical marijuana due to a lack of training and knowledge in this specific area of practice.



*To dispense: why pharmacists should be dispensing medical marijuana*

Despite barriers to the dispensing of medical marijuana, many pharmacists, regulatory bodies and advocacy bodies across Canada are advocating that pharmacists have a primary role in the dispensing of medical marijuana. The Canadian Pharmacists Association released a statement in April 2016 stating that they are "recommending that pharmacists play a front-line role in patient management and dispensing of medical marijuana".[5]

Pharmacists are considered drug and medication experts and marijuana is often recognized as an illicit (and medicinal) drug. If pharmacists dispensed medical marijuana it would enhance patient safety and potentially optimize the use of medical marijuana. Pharmacists have the clinical expertise to advise patients on the safe use of marijuana and would be in the best position to identify drug interactions, contraindications and therapeutic alternatives for patients who are authorized to use medical marijuana.

While scientific evidence for the safety and efficacy of medical marijuana is lacking many argue that pharmacists should dispense medical marijuana to enhance safe access and allow for patient autonomy. There are many natural health products for which community pharmacies carry and counsel on which also lack quality safety and efficacy data. Pharmacies carry these products to allow patients to make their own health care choices and establish access to these products. Patient autonomy (the ability for patients to be involved in their own health care and medication decisions) is another argument for why pharmacists should dispense medical marijuana despite a lack of scientific data.

*Conclusion*

It is understandable why the topic of medical marijuana warrants a heated debate amongst pharmacists. There are numerous reasons why pharmacists do not currently dispense medical marijuana in Canada. However, to establish patient safety and autonomy, it is clear that pharmacists are the most suited health care professional to dispense medical marijuana. Health Canada states that while new regulations regarding access to medical marijuana have recently been approved they are still "committed to studying other models, including pharmacy distribution, to provide access to cannabis for medical purposes". [1] Ultimately, time will tell whether or not pharmacists will be given the responsibility of dispensing medical marijuana.

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# Aboriginal Identity & Traditional Medicine: Pharmacy at Cross Roads

Reanne Li*, University of British Colombia

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To many healthcare professionals, traditional medicine & healing are superstitious practices that hinder evidence-based therapy, cause harm to the patient and burden to the healthcare system. But to the Canadian First Nations, Inuit & Metis people (collectively referred to as Aboriginals in this essay), who have long suffered from oppressive and marginalized healthcare treatments, it is an integral part to regain their autonomy and empowerment. At the forefront of community healthcare, pharmacists must respect the socioeconomic importance of traditional medicine in Aboriginal communities, rebuild trusting patient relationships, and ultimately establish the best patient & population outcomes.

## THE PAST & CURRENT STATE OF ABORIGINAL HEALTH

Aboriginal traditional healing embodies a holistic approach, and considers health as the sum of a person's physical, spiritual, emotional, and intellectual wellbeing, as well as their place in the community.[1] Unfortunately, the practice was powerless to combat the myriad of epidemics, instigated by European settlers and foreign pathogens, which devastated the Aboriginal population in the 1700s. This was followed by several centuries of colonialism and systemic discrimination, exemplified by dispossession of land, forced relocation to impoverished reserves, residential schools, and at times, direct denial of healthcare.[1] The marginalization of Aboriginal people has led to profound, debilitating health disparities, including significantly shortened life expectancy, and high rates of infant mortality, chronic diseases, substance abuse, violence & suicide. [2]

And yet, Canada has a notorious record of neglecting Aboriginal issues, despite that they are the demographic in most dire need for medical attention. The recent Harper administration slashed or withdrew funding for nearly 10 important aboriginal health research initiatives. [3] Healthcare infrastructure in many reserves continue to be severely understaffed & limited, lacking basic supplies such as oxygen and clean water. Even in areas with better access, unconscious & implicit racism is common amongst healthcare workers, leading to frequent reports of Aboriginal individuals receiving delayed, discriminatory, or negligent care. [4]

## DISCONNECT WITH MEDICAL SYSTEM

Unsurprisingly, there is tremendous disappointment for the medical system among the Aboriginal community. Significant numbers of Aboriginal patients are suspicious and untrusting about their healthcare providers, after experiencing frequent access barriers to the medical system.[5] Many Elders and healers perceive government regulation as another way to restrict their culture, a dim reminder of the not-so-distant days when their practices were persecuted.[6] 61% of First Nation respondents in one poll believed there was a lack of respect for their culture in the medical system.[7] It is this deep-rooted doubt of the medical system that cause tragedies such as death of the 11-year-old Makayla Sault from lymphoblastic leukemia, who was removed chemotherapy by her parents to pursue alternative & traditional medicine. [8]

## REVITALIZATION OF CULTURAL AUTONOMY

Many Aboriginal communities now turn to self-governance and cultural revitalization, which has a profound, restorative impact on empowering individuals & community. When First Nations people were polled on ways to improve Aboriginal health, high percentages of respondents supported "revival of Aboriginal culture & traditions", "return to Aboriginal medicines & healing practices", and "Aboriginal control of health care services". [7] However, Canada's Eurocentric educational & medicinal bodies consistently regarded traditional medicine as backwards & unscientific, criminalizing ceremonial practices in 1884 and persecuting many political & spiritual leaders all the way until the mid-1900s.[6] Today, many healthcare professionals continue to scoff at and stigmatize traditional medicine, dismissing patient voice and thus perpetuating their mistrust for the system.

## THE ROLE OF PHARMACY

As the first point of contact to healthcare in community settings, pharmacists have a crucial responsibility to establish mutually trusting, respectful relationships with patients. In order to rebuild trust in Aboriginal patients, we must understand their personal beliefs about traditional and western medicine in historical & socioeconomic context. This is not just for the sake of being politically correct, but a quintessential step to improving patient adherence, knowledge, and their therapeutic outcome. In fact, research shows that barriers between Aboriginal patients and their physicians can be overcome when patients feel like they are given the time and respect for their voice, and there is no reason for the same to not occur in pharmacy as well. [9] Patients are more likely to respect & respond to pharmacist expertise, when they are treated as people with valid views & concerns, and not just as a list of symptoms and conditions to be fended off by pills. In addition, if conflicts arise between a patient's traditional & western medication, pharmacists are more equipped to help patient make the best therapeutic choice if we can understand their reasoning for both choices. Ultimately, the adoption of integral healthcare should be encouraged, to address both the patient's medical and cultural needs.

The following are some approaches community pharmacies can take to promote integrative health, thus improving patient understanding & adherence:

- Demonstrate mindfulness for Aboriginal history. An example is to accommodate women who are uncomfortable with physical check-ups, which can trigger trauma from early experience of sexual abuse, and work with them to find less invasive options. [6]
- Encourage patients to view western medication as something that can fit into the Aboriginal holistic model, and not just something to medicate & mask the problem.
- Be understanding & supportive in patient's choice of alternative medicine. Do not dismiss their choices because that can deepen the mistrust.
- Advise patients in a positive, non-discriminatory way if their use of alternative medicine is impeding their necessary biomedical treatment.

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# Aboriginal Identity & Traditional Medicine: Pharmacy at Cross Roads

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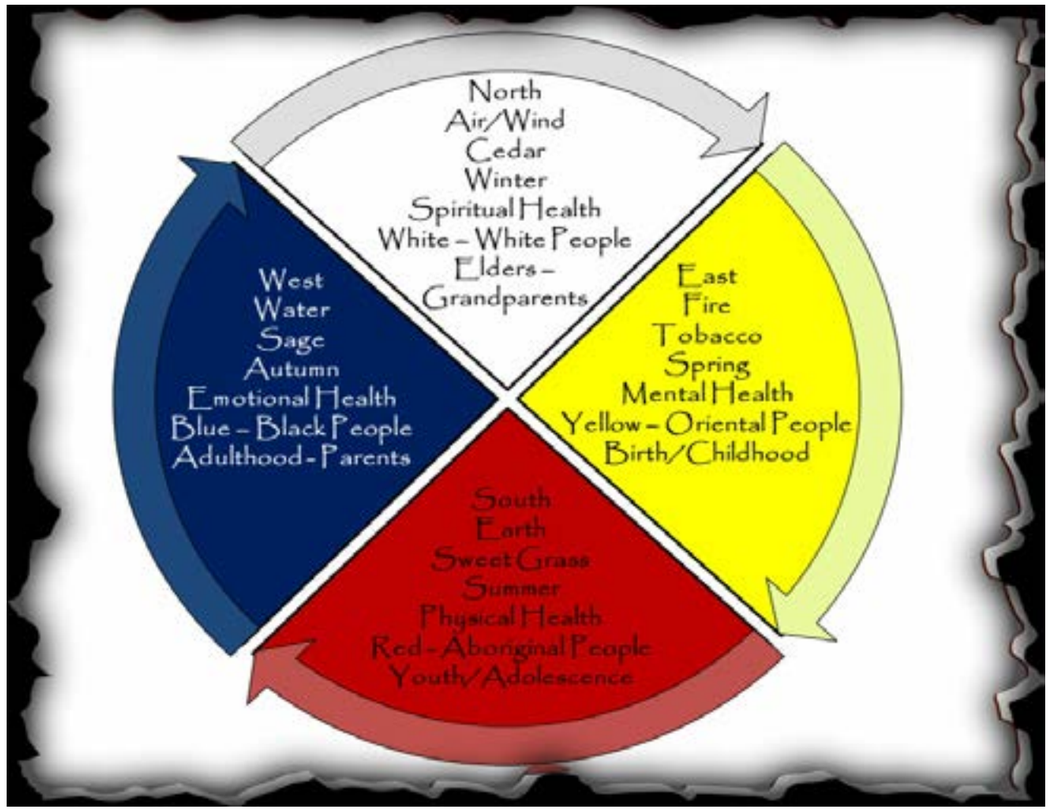
CONCLUSION

To implement changes that will improve Aboriginal health will be undoubtedly difficult. Undoing historic oppression is far beyond the scope of any single profession, and is a challenge to be tackled together by healthcare professionals of all disciplines, policy-makers on multiple levels, and the Aboriginal communities themselves. When practicing, pharmacists must do our part acknowledge Aboriginal healing as a necessary part of cultural autonomy, and not voodoo science to be disregarded. With that respect in mind, we can move forward to build better relationships between Aboriginal patients and the medical system, ultimately utilizing both traditional & western medicine to ensure the best patient outcome.

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# PHARMACY STUDENTS UNITED FOR QUEBEC COLLEAGUES

In my last article in the fall version of CAPSIL, I talked about how I believe collaboration between pharmacy students and pharmacists across Canada would raise the profession to another lever. Lately, I have seen my wishes granted when I saw a letter published by CAPSI, which showed the support of the leaders of the ten Canadian pharmacy student organizations for our present situation here in Quebec. Despite all the financial pressures, feeling this support gives me more energy to fight for what we've been taught for, pharmaceutical care and services for the patients with an expended scope of practice. Let us graduate, so we can be agents of change.

Laurence Guay
Laval University

PHARMACIST AWARENESS MONTH

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# UNITED FOR QUEBEC

ADVOCACY

Across the country, the landscape of pharmacy is changing. Financial pressures from governments compounded with difficult economic times, has forced many pharmacies to re-evaluate their current models. This rings most true with our pharmacist, and pharmacy student, colleagues in Quebec. Recent changes to provincial funding have cut revenue streams substantially for community pharmacy practice. Displeased by seemingly unilateral policies, many pharmacies have relinquished commitments to take on pharmacy students for experiential education rotations. Consequently, many Quebec pharmacy students have been caught in the crossfire and are struggling to find preceptors for required rotations. This is most alarming for the nearly 400 students from the Université de Montreal and Unviersité Laval who may be forced to delay graduation this year should they not be able to complete the required structured practice hours. In all, nearly 1500 students risk delayed placements and graduation over the course of their 4 years of pharmacy school.

To many, the current changes in provincial legislature are bittersweet. Fortunately, these changes have provided Quebec pharmacists with an expanded scope of practice. This is good news for health care accessibility and patient outcomes. However, many of these expanded services lack adequate funding from public or private parties, thereby leaving many pharmacies with the tough decision of focusing on revenue generating dispensing fees or professionally fulfilling expanded services. Until recently, many pharmacies in Quebec relied heavily on dispensing fees, drug mark-ups and medication organization services. However, recent legislature has significantly reduced the amount of available reimbursements for Quebec pharmacies, resulting in multi-million-dollar savings for the province. Furthermore, to increase drug pricing transparency and further drive down pharmacy mark-ups, the province of Quebec has imposed a more stringent and detailed breakdown of pharmacy fees to patients and insurance companies. At first glance, these changes seem positive as they provide cheaper access to medication for patients and a decreased financial burden on the province. Unfortunately, many Quebec pharmacies are now struggling to compensate for these lost revenue streams while still maintaining the same standards of patient care.

Amongst these changes and daily practice obligations, many pharmacists still dedicate time and effort to training pharmacy students. However, frustrated and stretched thin, many Quebec pharmacies have withdrawn from this commitment and will no longer be mentoring students. The training of pharmacy students is yet another unpaid service that pharmacists undertake regularly. Nevertheless, it must be stated that there is tremendous value to both pharmacy students and pharmacists from the student-preceptor relationship. Pharmacy students are actively involved in services ranging from dispensing medications, to counseling, to communication with doctors and completing health assessments, just to name a few. Often, pharmacy students completing these additional services conduct them as learning opportunities for themselves and to further improve patient care; all the while providing extra support in the pharmacy setting as thriving health care providers. Even though training of pharmacy students is an unpaid time commitment, pharmacies have much to gain from the relationship between current and future pharmacists. This is especially true amidst financial strains currently experienced by Quebec pharmacies.

That being said, pharmacy students are part of the solution. In Quebec alone, pharmacy students dedicate over 350 000 unpaid hours of work a year. Countless drug related problems, patient counseling encounters, and over the counter product recommendations, are facilitated by pharmacy students. Although some pharmacy students may lack experience, they make up for it with their current evidence-base knowledge. Where pharmacies may be struggling to make ends meet, pharmacy students are an inexpensive, sustainable and profitable time investment that is assured to positively perpetuate our profession and directly impact patient-care.

Although Quebec pharmacy students are concerned about their education, many are even more anxious about the future of pharmacy. With sparse funding for expanded services, many students are weary about entering a work environment primarily focused on the traditional dispensing model. Ultimately, fee reductions only promote healthcare accessibility to patients. However, this must be balanced with quality and sustainability of our practices. The millions of healthcare dollars saved through these provincial cuts are not being reinvested adequately into the profession. Therefore, the incentive to perform new cognitive services is absent, and consequently their implementation has stagnated in many pharmacies.

Pharmacy students are indisputably an essential part of pharmacy practice. It is unfortunate that amidst the dispute between the province and pharmacists, pharmacy students are not considered part of the solution and instead find their education jeopardized. Investment in pharmacy students' experiential education will assuredly provide pharmacy practice with both short-term and long-term benefits despite current challenges. During this trying time, Canada's current and future pharmacists must stand united and collaborate to achieve common goals of accessible, optimal and sustainable patient care. The Canadian Association of Pharmacy Students and Interns, and the leaders of the ten Canadian pharmacy student organizations stand united with our Quebec colleagues in the betterment of Quebec pharmacy practice focused on sustainability without compromising current student education.

Caitlin McGrath - CAPSI National President
Pierre Thabet - CAPSI National President-Elect
Kavetha Selvathilagan - CAPSI National Past-President

ADVOCACY

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# School Showcase: University of Alberta

2016/2017 CAPSI UALBERTA

Marline Aizouki, CAPSI Sr. Representative, 3rd year
Hannah Kaliel, CAPSI Jr. Representative, 2nd year

Important affiliations with other student groups on campus

At the University of Alberta, CAPSI local representatives are a part of the Alberta Pharmacy Students' Association (APSA). There is ongoing collaboration between CAPSI and APSA council members as there are many initiatives throughout the year that involve both CAPSI and APSA council members. Two examples of joint initiatives include: Movember campaign/Mr. Pharmacy and Pharmacists Awareness Month (PAM). The APSA VP External chairs the annual Movember fundraising campaign, including the planning and execution of Mr. Pharmacy. Both CAPSI Sr. and Jr. representatives contribute to this campaign and to the Mr. Pharmacy planning committee. Additional APSA council members (President, President-Elect, IPSF Representative & Fundraising Officer) as well as a student from each class also sit on this committee. The Pharmacists Awareness Month planning committee is co-chaired by CAPSI Sr. and the APSA VP External. CAPSI Jr. also contributes to this committee, along with APSA council members (IPSF Representative, Fundraising Officer & CSHP Representative) and a student from each class.

Major initiatives/campaigns that CAPSI UALBERTA has undertaken this year.

The three major initiatives our local council has undertaken this year are: fundraising for the CIBC Run for the Cure, the Movember campaign including Mr. Pharmacy, and Pharmacists Awareness Month (PAM). In September, our main University of Alberta CAPSI initiative was fundraising for CIBC Run for the Cure in support of the Canadian Breast Cancer Foundation. In addition to students raising money themselves, we organized several fundraisers including the Saving Second Base Softball Tournament, the Breast Fundraiser Ever, samosa sales, a bake sale and bottle drives. Pharmacy students in our faculty raised over $22,000 in support of this cause, with approximately 100

Together with our PAM planning committee, we are currently planning for Pharmacists Awareness Month. We hope to advocate for the profession of pharmacy by bringing clinics to many public venues – including a blood pressure clinic, osteoporosis clinic and smoking cessation clinic. We will be hosting an interprofessional panel discussion on schizophrenia, as well as several other Lunch & Learns for the students in our faculty. Furthermore, we will be raising awareness about pharmacy on our campus through a pharmacy information booth and social media challenges. We are also hosting a speed mentorship night to connect students with pharmacists from a variety of practices. Students look forward to PAM each year, and we hope to make this one very memorable! We are very fortunate at the University of Alberta to have never ending student support for all of our CAPSI initiatives, whether they be fundraising campaigns for various charitable organizations, advocacy events in the greater community or networking events within the pharmacy community itself. Our students are very passionate about Pharmacy, and as CAPSI representatives we strive to provide these students with as many opportunities as possible to grow and nurture the profession.

# School Showcase: University of Waterloo

2016/2017 CAPSI UWATERLOO

Monique Eisa, Senior National Representative Rx2017
Emily Cowley, Junior National Representative Rx2018
Areen Duquom, Secretary Rx2018
Joanna Leake, PAM Chair Rx2018
Sachin Duggal, Finance Officer Rx2018
Riley Kim, Class Representative Rx2019
Max Chong, Senior Competitions Coordinator Rx2018
Louis Wei, Junior Competitions Coordinator Rx2019
Melika Bozorgi, Senior Education and Outreach Coordinator Rx2018
Blake Houle, Co-Junior Education and Outreach Coordinator Rx2019
Naushin Hooda, Co-Junior Education and Outreach Coordinator Rx2019
Melanie Sanderson, Co-Senior Fundraising Coordinator Rx2018
Robert Taglione, Co-Senior Fundraising Coordinator Rx2018
Pauline Bal, Junior Fundraising Coordinator Rx2019
Joyce Yu, Senior IPSF Coordinator Rx2018
Munaza Saleem, Junior IPSF Coordinator Rx2019
Taylor Robertson, Communications/CAPSIL Director Rx2018



Important affiliations with other student groups on campus

UW CAPSI has had the pleasure of collaborating with numerous other student groups on campus. In November of 2016, UW CAPSI was able to collaborate with Waterloo Health Professions Committee to together develop Fall Case Study about cerebrovascular disease. At this event, students from pharmacy, optometry and medicine worked together to solve the case. It was a great event for learning, networking and socializing with our partners in healthcare. Coming up in March, CAPSI has the opportunity to work together with a few different student groups to promote Pharmacy Awareness Month (PAM). We will be collaborating with CHSP to provide the students at UWaterloo with information about hospital pharmacy. Later in the month, we will also be partnering with Community Action Now (CAN) to host a food drive!

Major initiatives/campaigns that CAPSI UWATERLOO has undertaken this year

This year, we have had the opportunity to run numerous events for our local members. During the spring term, we were able to host OTC week for the students at UWaterloo. During this week, we had many events such as lunch and learns, trivia night, as well as OTC Mock OSCEs. This event gets the students involved with the pharmacy profession as they learn more about what OTC products there are available and how they can counsel their patients on them. In the fall, we sent some of our council to UWaterloo's Open House to promote the pharmacy profession. As potential new students explored the campus, we were able to engage them in discussions about healthcare and promote the pharmacy program. Every year during PAM, our local members volunteer their time to go to local schools in the area to engage the students to healthcare topics. This event requires the coordination of many schools and CAPSI members. Overall, it's a great experience and our local CAPSI members love to give back to the community through this program.

# School Showcase: University of British Colombia

2016/2017 CAPSI UBC

Senior Rep: Jerold Chu (3rd)
Junior Rep: Ada Mew (1st)
Treasurer: Michelle Yeung (3rd)
Vice-Treasurer: Riaaz Lalani (1st)
Secretary: Lucy Zhang (2nd)
PDW Fundraiser: Annie Wu (2nd)
CAPSI Fundraiser: Stephanie Leung (2nd)
CAPSI IPSF Rep: Henry Gong (2nd) and Benson Kwong (2nd)
Community Education Coordinator: Michelle Le (2nd)
Second Year Rep: Manvir Mehanger (1st)
Third Year Rep: Monique Theriault (2nd)
Fourth Year Rep: Nolan Lee (3rd), Nick Halim (3rd)
Sponsorship Coordinator: Sandy Baptie (2nd)
IT Officer: Cynthia Ramasubbu (1st)


Important affiliations with other student groups on campus

PhUS: collaborate on PAM, First Year Orientations, Project Paws: Drugs and Pugs, PhUS/CAPSI Retreat

CSHP: collaborate on CAPSI/CSHP Symposiums

Major initiatives/campaigns that CAPSI UBC has undertaken this year

Pharmacist Awareness Month
PAM 2017 has been an exciting and exhausting month! Our topics this year included the opioid crisis, alcohol abuse, stimulants, contraceptives, and women's health.
We were able to expand our events by recruiting more volunteers, inviting more student clubs and organizations to get involved, and reaching out to new target audiences. This year, some of our media coverage includes the Public Health Agency of Canada, Canadian Health Network, and the CiTR 101.9 radio station.

Project Paws: Drugs and Pugs
CAPSI understands that stress is a major concern for many students and focused our efforts on mental health initiatives. As a result, we held Project Paws: Drugs and Pugs, an event that allowed students to relieve their stress by playing with trained therapy dogs.

Headshot Happy Hour
Many students do not have an appropriate photo to use for their professional settings (e.g. LinkedIn, resumes). As a result, CAPSI organized Headshot Happy Hour, a photography session for students to have professional photos taken.

# School Showcase: University of Toronto

2016/2017 CAPSI UTORONTO

Maria Moreno, 3rd year, Senior CAPSI Rep
Nisha Gajaria, 2nd year, Junior CAPSI Rep
Wendy Chen, 1st year 2T0 CAPSI Rep
Victor Igbokwe, 1st year, 2T0 CAPSI Rep
Romina Isip, 2nd year 1T9 CAPSI Rep
Chris Chiu, 2nd year 1T9 CAPSI Rep
Dana Shan, 3rd year 1T8 CAPSI Rep
Abas Ibekwe, 3rd year 1T8 CAPSI Rep
Puja Modi, 3rd year, Senior IPSF Rep
Junior IPSF Rep Alexandra Cerulli, 2nd year


Important affiliations with other student groups on campus

Both the Junior and Senior CAPSI Representatives sit on our local student council, Undergraduate Pharmacy Society (UPS). Members of UPS have especially been helpful during Pharmacist Awareness Month (PAM) acting as team leaders for our PAM outreach events. They lead student volunteers out into the community to host booths on smoking cessation and the pharmacists expanded scope as well as Kids in Medicine. We all support each other with the initiatives such as Lunch and Learns, Semi Formal, UPS Holiday Party and more!

UNIVERSITY OF TORONTO


Major initiatives/campaigns that CAPSI UWATERLOO has undertaken this year

This year a large portion of PAM 2017 was spearheaded by CAPSI Local Council. PAM 2017 is a great opportunity to inspire our local members to show their passion for the profession of Pharmacy. Our community outreach programs including Pharmacy Outreach Days (PODs), Kids in Medicine and Campus Outreach could not have happened without our student volunteers who contributed their time to educate the community about the role of the pharmacist. Outside of our outreach events, we held our Evidence Based Practice competition, 1T8 Mock OSCEs, Interprofessional Panel, CAPSI Symposium and Toronto's Next Top Pharmacist! PODs was one of our new initiatives in which we collaborated with local pharmacies to educate members of the community on the role of the pharmacist. Student volunteers hosted informational booths on expanded scope, safe medication disposal and compliance packaging. This allowed students to engage with patients in the community and promote the role of the pharmacist.

A little more about us

We started off the year with the CAPSI textbook sale in the summer package and our CAPSI Ice Cream social to welcome of the first years at phrosh. In first semester we also executed a number of competitions that allowed students to showcase their skills! These included the very popular PIC, OTC, Compounding, SLC and Pharmafacts competitions. Then we flew over to Manitoba in January for an amazing PDW 2017 conference. UofT students had an amazing time and it was a great learning experience for those who attended. In February we hosted our 1 week social media contest where students participated for a chance to win CAPSI swag. We had an overwhelming response as over 200 entries were received!