

Fall 2010



CANADIAN ASSOCIATION OF PHARMACY STUDENTS AND INTERNS LETTERS

CAPSIL - JACEIP

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



In this Issue:

The Role of Pharmacists in Smoking Cessation

Pura Vida in Costa Rica

One Team: Working to Shape the Future of Health Care

Table of Contents

| | |
|---|----|
| A Message From the President | 3 |
| Mots de la Présidente | 4 |
| Words from the Editor | 5 |
| New Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada | 6 |
| Executive Council Updates | 7 |
| Elections Announcement | 12 |
| Annonce des Élections | 13 |
| A Unified Voice for Pharmacy | 14 |
| The Role of Pharmacists in Smoking Cessation | 15 |
| One Team: Working to Shape the Future of Health Care | 18 |
| PDW 2011 Saskatchewan | 19 |
| Sponsor Message: CPhA | 21 |
| Publicité: APhC | 22 |
| Namibia, Land of the Brave and the Rich | 24 |
| Pharmaceutical care in Bulanga, Uganda..or Lack Thereof | 26 |
| IPSF experience: Leila Clayton ... | 27 |
| IPSF visitor: Clementine | 29 |
| A Lesson Learned: Don't Stereotype Your Patients | 31 |
| Sponsor Message: TEVA - Teen Smoking Prevention Program | 33 |
| A Path With No Obstacles Leads Nowhere | 34 |
| An Unexpected, Unplanned Internship With CSHP | 36 |
| CSHP Corner | 37 |
| Sponsor Message: CSHP | 38 |
| Sponsor Message: Ax/iz Financial: Rx for Your Good Financial Health . | 39 |
| Letter to the Editor | 40 |

CAPSIL Staff

Joanne Shin (British Columbia)
 Kristen Marlow (Alberta)
 Lindsey Berast (Saskatchewan)
 Laura Delavau (Manitoba)
 Chelsea Barr (Waterloo)
 Karen Chan (Toronto)
 Émira Glenza (Laval)
 Mylène Mahfouz (Montréal)
 Stephanie Farnham (Dalhousie)
 Chris Grant (MUN)

**Thank you to all CAPSI Club Members for
your sponsorship:**

GOLD SPONSORS - GOLD SPONSORS -GOLD SPONSORS



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA



LIVE WELL WITH



Scotia Professional Plan



SILVER SPONSORS - SILVER SPONSORS -SILVER SPONSORS



ax/iz financial solutions

strategic - unique - proven

CAPSI CLUB - CAPSI CLUB -CAPSI CLUB -CAPSI CLUB



CAPSIL - JACEIP

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

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

Please email your comments and articles to:

Yin Hui - capsil@capsi.ca

Please contact your local rep for information on how to contribute

A Message From the President

Hello CAPSI Members,

The pharmacy school year is now well under way since the start of a new pharmacy school year in September. Whether you are on your clerkship, co-op placement or simply attending classes at your university, I hope everything is coming along well as you approach steps closer to becoming a pharmacist.



With Professional Development Week (PDW) 2011 around the corner, local competitions have begun to bring the best competitors of each school to compete nationally on the Saskatoon stage. This is a chance for all the pharmaceutical care related skills learnt in the classroom to be applied to practice. Currently, CAPSI National is in the process of finalizing a new competition, Evidence-Based Competition, to focus on the use of evidence-based practice application to patient cases. Look forward to more details of this from our VP education, Jeannine Oliver, within the upcoming year.

As a CAPSI member, you are also a member of the International Pharmaceutical Students' Federation (IPSF). Having participated in a research Student Exchange Programme (SEP) in Alexandria, Egypt, this summer, I can say first hand, it is definitely an incredible pharmacy related experience beyond the Canadian borders. Getting involved with international pharmacy can be an exchange, hosting a pharmacy student from abroad or attending the upcoming world congress in Thailand, contact our Student Exchange Officer Kendell Langjans or IPSF Liaison Suzanne Soneff for more details.

Right now is an exciting time to be in pharmacy, and the opportunities to get involved are endless! If you are a new member, I challenge you to try at least one competition, symposia or community outreach program. For returning members, I challenge you to try something new, like participating in your school's Pharmacy Awareness Week or IPSF Health Campaign, running for a CAPSI National position or attending PDW in Saskatoon. I encourage you to take full advantage of the professional development opportunities available through your CAPSI membership, beyond the academia. I wish you all the success in your endeavors in the coming year, and I simply can not wait to meet you in Saskatoon!

Sincerely,

Polly Kwok

Polly Kwok
National President
4th Year Pharmacy Student, University of British Columbia

Mots de la Présidente

Bonjour membres de l'ACEIP,

L'année scolaire en pharmacie est maintenant bien en cours depuis le début de la nouvelle année scolaire en Septembre. Que vous soyez en stage ou tout simplement en cours à votre université, j'espère que tout s'en vient bien au long de vos démarches pour devenir un(e) pharmacien(e).



Avec la Semaine de perfectionnement professionnel (SPP/PDW) 2011 qui s'en vient, les compétitions locales ont commencé à apporter les meilleurs compétiteurs de chaque école qui seront en compétition à l'échelle nationale à Saskatoon. C'est une chance pour appliquer en pratique tous les compétences en soins pharmaceutiques qui sont apprises en classe. Actuellement, l'ACEIP nationale est en train de finaliser un nouveau concours, basé sur les preuves de la concurrence, pour mettre l'accent sur l'utilisation de l'application pratique au sujet des cas des patients. Attendez pour plus de détails qui viendront durant l'année de notre vice-présidente d'éducation, Jeannine Oliver.

En tant que membre de l'ACEIP, vous êtes également un membre de la Fédération internationale des étudiants en pharmacie (FIEP). Ayant participé à un programme de recherche d'échanges d'étudiants (SEP) cet été à Alexandrie, en Egypte, je peux dire, de première main, que c'est vraiment une expérience en pharmacie incroyable lié au-delà des frontières canadiennes. S'impliquer dans la pharmacie internationale peut être sous forme d'échange, en accueillant un étudiant en pharmacie d'un autre pays ou en assistant à la conférence mondiale à venir en Thaïlande. Contactez notre agent d'échange d'étudiants, Kendell Langejans, ou notre liaison avec la FIEP, Suzanne Soneff, pour plus d'information.

Il est présentement un moment excitant pour être en pharmacie, et les occasions de prendre part sont infinies! Si vous êtes un nouveau membre, je vous mets au défi d'essayer au moins une compétition, d'assister aux colloques ou à un programme de sensibilisation communautaire. Pour les membres qui se sont renouvelés, je vous mets au défi d'essayer quelque chose de nouveau, comme participer à la Semaine de sensibilisation à la pharmacie ou la campagne FIEP sur la santé à votre école, appliquer pour un poste de l'ACEIP nationale ou assister à PDW à Saskatoon. Je vous encourage à profiter pleinement des possibilités de perfectionnement professionnel offertes par votre adhésion à l'ACEIP, au-delà du monde universitaire. Je vous souhaite tout le succès dans vos efforts dans l'année à venir, et j'attends avec plaisir de vous rencontrer à Saskatoon!

Cordialement,

Polly Kwok

Polly Kwok

Présidente nationale

Étudiante de 4ème année en pharmacie, Université de la Colombie-Britannique

Words from the Editor



As I began organizing all the submissions for this issue of the CAPSIL, I found that the articles perfectly encapsulated the pharmacy education experience. From challenges faced in the admission process (Jeffery Liu, page 33), to experiences in summer employments (Charles Au, page 35), to the awesome times abroad (pages 24 - 28), to the reflections on our changing profession, this issue reminded me of the fun (and non-so-fun) times I've had in during my university years.

The past few months have been both exciting and scary. Our profession is being faced with many opportunities and challenges, and we as students are right in the midst of the change. Take a look at your fellow students' thoughts on our expanding scopes on pages 14 (Chelsea Barr) and 15 - 17 (Amanda Teti). Our neighbour of the south -- APhA-ASP provided a glimpse of the initiatives they are taking to advance the profession (page 18). Last, but certainly not least, from the Association of Faculties of Pharmacy of Canada (page 6) comes an article on the direction our faculties is pledging to take with our education.

Without further ado, scroll down and enjoy!

Yin Hui

Yin Hui
CAPSIL Editor
4th Year Pharmacy Student, University of Toronto

your life
your customers
your community
your career



Attention 1st, 2nd, 3rd and 4th Year Pharmacy Students

Interested in a Career with Walmart?

4th year Students:

Register on our career website to receive updates on our:

- New Grad Opportunities
- Recruitment Events, and/or
- Interview times

1st, 2nd, 3rd year Students:

Apply today in order to reserve a spot in our:

- Walmart Summer Student Program

Please visit our website and click on [Apply Now](#) to receive updates or to apply.

For more information about Walmart Pharmacy, the benefits and our programs, please visit us at www.walmart.ca/pharmacyCareers.

The
Pharmacist
at Walmart  TM
Just ask

Guest Column



New Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada

The Association of Faculties of Pharmacy of Canada (AFPC) is a national non-profit organization that provides leadership, the promotion and the recognition of excellence in pharmacy education and scholarly activities in Canada.

An important activity of the AFPC is to establish educational outcomes for educating students to become pharmacists in Canada. The educational outcomes are routinely used in the planning, implementation and evaluation of university pharmacy

degree programs. The *Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada* were approved by the AFPC Council at its Annual Meeting in June 2010. These outcomes will replace previous educational outcomes for a Baccalaureate Pharmacy Graduate in Canada (Final report May 28, 1998) and the educational outcomes for entry-level Doctor of Pharmacy Graduates in Canada (May 2007). (See previous educational outcomes: <http://www.afpc.info/content.php?SectionID=4&ContentID=21&Language=en>).

The 2010 Educational Outcomes were developed by an AFPC Task Force that received feedback from the AFPC Council, The Association of Deans of Pharmacy of Canada (ADPC), all Faculties of Pharmacy across Canada, and selected pharmacy stakeholders. The result was the development of one set of educational outcomes for all entry-to-practice pharmacy programs in Canada, regardless of the degree offered (Bachelor of Science in Pharmacy or PharmD (entry-level)).

The revised educational outcomes are formatted with the overall goal of graduating **Medication Therapy Experts**. This requires graduates to integrate knowledge, skills and attitudes from seven educational outcomes which have been defined under the roles of: **Care Provider, Communicator,**

Collaborator, Manager, Advocate, Scholar, and Professional. Emphasis is placed on the multiple roles of graduates through explicit statements within the appropriate educational outcomes.

Recognizing that the *Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada* is a dynamic document, AFPC has approved

a process for review which includes a 1-year interim, and a 3-year full review. The new educational outcomes have been widely disseminated

... educational outcomes are formatted with the overall goal of graduating Medication Therapy Experts ...

to all Faculties, national pharmacy organizations and selected other national organizations. Presently, each pharmacy Faculty is in the process of using the new educational outcomes to review and make revisions to the current curricula.

AFPC is in the process of establishing the necessary levels and ranges of competency for each educational outcome, which will indicate the expected level of performance for graduates.. Once this second phase is completed, the Educational Outcomes and respective competency levels will form an essential component of the foundation against which pharmacy schools across Canada will be accredited.

Students are encouraged to become aware and understand the education outcomes as they reflect the intended outcomes for pharmacy education in Canada. The document is posted on the AFPC website http://afpc.info/downloads/1/AFPC_Education_Outcomes_AGM_June_2010.pdf. If you have any questions or feedback about the new Educational Outcomes please contact your local AFPC councilor (to locate your faculty AFPC councilor see <http://www.afpc.info/content.php?SectionID=2&ContentID=11&Language=en>). Alternatively please contact Dr. Harold Lopatka, AFPC Executive Director, by email hlopatka@telus.net or phone 780-868-5530. ■

Executive Council Updates

Past President

Bradford Elliott



On May 14th, 2010, the official changeover for the 2010 – 2011 CAPSI National Executive Council took place at the Canadian Pharmacists Association (CPhA) Annual National Conference in Calgary, Alberta and my transition from National President to Past-President. I have now been with CAPSI for about two years and though there have been many challenges, the experience has been extremely rewarding and has provided me with many fond memories. I would like to send my utmost appreciation to the 2009 – 2010 CAPSI Council for their passion, dedication and commitment to the association, to the pharmacy students of Canada and to the profession of pharmacy. You have helped to make my year as President an unforgettable one!

The role of Past-President is one that has been designed to enhance continuity within CAPSI through continued supervision over the activities of the association. I will continue to collaborate with the President and other executive council members to ensure the current President-Elect, Jillian Grocholsky, will be ready for her term as President beginning in May 2011. In addition, I will sit on council committees and participate in meetings to provide any pertinent information or advice from a 'historical' perspective.

Since my last update to membership, it has been business as usual for the CAPSI National

council. We work diligently throughout the year to advocate for our members and to promote the profession of pharmacy. From a personal perspective, I wrote a letter addressed to Ontario's Health Minister Deborah Matthews in response to the generic drug reform announcement in Ontario in April 2010 in order to express our concerns, as future practitioners, with the proposed cuts. As well, in collaboration with the University of Toronto and University of Waterloo pharmacy student society presidents, we developed a nationwide petition that obtained over 800 signatures in under 48 hours. To those of you who provided us with your support, thank you! We recently launched <http://www.pharmacy-jobs.ca> in partnership with CPhA and Workopolis. This website aims to promote the free movement of pharmacists across the country. Please take a look and post your resume for free (**before November 30th for a chance to win a \$500 Future Shop Gift Card!**)

We are committed to consistently improving our communication with organizations such as CPhA, local pharmacy student societies and with you, our members. If you have any questions, concerns, or comments, please do not hesitate to contact your local CAPSI representatives, or myself directly at pastpres@capsi.ca. For more information regarding the CAPSI National council and some of our initiatives, please visit <http://www.capsi.ca>



President-Elect

Jillian Grocholsky

My term as President-Elect thus far has been filled with countless learning opportunities. I have been fortunate to work closely with both the current and past CAPSI presidents, as they have proven to be excellent resources throughout my transition into this role. In addition to learning the functions and intricacies of CAPSI in preparation for a successful term as president, the President-Elect is also responsible for contributing to, and chairing various subcommittees including the website and constitutional review committees.

The website committee has work diligently over the summer months alongside our new CAPSI Webmaster Franky Liu. We are pleased to announce the launch of a completely redesigned CAPSI website. The updated layout and design boasts many new and exciting features such as tabbed submenus, a more intuitive navigation scheme and a new integrated search function that will allow users to find all of the CAPSI information they may need with ease. You will also find a direct link to the new [pharmacy-jobs.ca](http://www.pharmacy-jobs.ca) site. Be sure to check it out!

The constitutional review committee has been busy reviewing the many of the Association's official documents, providing suggestions and making revisions where necessary. Documents currently undergoing

Executive Council Updates

review include CAPSI's position paper on Entry Level PharmD as well as documents related to a sponsorship initiative that is in the works entitled "Friends of CAPSI". Stay tuned for more information regarding this exciting new initiative! Preparations are currently being made for the review of the Association's constitutional by-laws and operating manual such that the CAPSI membership may approve any changes at this year's Professional Development Week Annual General Meeting in Saskatoon.

I look forward to meeting many new faces at PDW 2011 and encourage your continued involvement with CAPSI. With many exciting changes on the horizon in pharmacy, there is no better time to get involved!

Executive Secretary

Megan Riordon



Since being elected, I have attended the 2010 CPhA Conference in Calgary and have now completed the minutes from the conference as well as the minutes from our Summer Teleconference so will post them to the website once they are approved by council during our Fall Teleconference. As Chair of the Membership Committee, I have been assembling our nationwide membership database and will soon be working with the committee to discuss membership

drives to improve member benefits. Responding to emails from the local reps, national council, pharmacist members, and pharmacy students from other countries also keeps me busy! As a member of the Translation Committee and Constitution Review Committee, I have been revising documents and providing feedback to the chairpersons. I have also started organizing the national elections for PDW and the call for nominations has been included in this issue. Please visit the CAPSI website for more information on the position descriptions and contact your local rep or myself at secretary@capsi.ca to find out why becoming involved on the National Level is a great experience and unique learning opportunity!

Vice President Communications

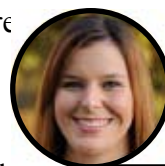
Maria Zhang



Hey CAPSI! Welcome to a brand new year of pharmacy. Whether it's your first or last year, we've got plenty of benefits lined up for you. So far this year, I've been coordinating with your local representatives and our corporate sponsors to bring you key parts of your benefit package including the re-vamped Apotex backpacks and our TEVA waterbottles. For our graduating class, Ax-iz financial group will be giving a very informative information session to the 4th year students regarding

insuring your future. Not only will there be amazing door prizes but they'll be providing \$5.00 per person to CAPSI National AND new this year, \$5.00 per person to your local graduation fund!

Stay tuned for more updates and we look forward to working with you this year. Feel free to email me at vpcom@capsi.ca if you have any ideas, questions, comments or concerns regarding your membership benefits!



Vice President

Education

Jeannine Oliver

Since May, I have been serving as your VP Education and have had the opportunity to work on a number of initiatives for the 2010-2011 term. When I was elected to National Council at PDW in Toronto, I set a number of goals for myself and this position and since then I have been working to accomplish these.

During the summer months, I worked to prepare the documents for CAPSI's four competitions (Patient Interview Competition, OTC Competition, Compounding Competition and Student Literary Challenge) and formulated the patient scenarios for the PIC and OTC Competition. This task could not have been completed without the hard work of the Competition Review Committee, made up of Brad Elliot, Pascale Lanthier-Labonté and Sarah Creaser (thanks for all your hard work CompRC!).

In addition to preparing for

Executive Council Updates

this year's local competitions, I have been working to bring a new competition to CAPSI members. The Evidence Based Practice Competition will present teams of four pharmacy students with a clinical scenario that requires them to identify, prioritize and resolve drug-related problems (DRPs). In order to answer the clinical question at hand, each team will have to critically appraise scholarly articles and formulate a response. Potential sponsors are being approached and with their generous support, CAPSI hopes to bring you this exciting opportunity in the 2011-2012 year.

In the coming months, I will be finalizing the PIC and OTC Competition scenarios for National Competitions that will take place at PDW in Saskatoon. In addition, I will be working to expand the CAPSI National OSCE Case Bank. These cases are reviewed by the PEBC and are available to Local CAPSI Chapters that plan to hold Mock OSCE events.

While there have been challenging moments, my experience as VP Education has been an extremely rewarding one! If you would like more information or are interested in running for this position, please do not hesitate to contact me via email at vped@capsi.ca.

Vice President Professional Affairs

Lara Wang



I would like to wish all new

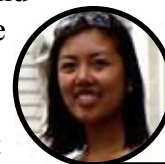
and returning CAPSI members a sincere welcome! Since the beginning of my position in May at the CPhA conference in Calgary, there has been one major change to the position – what was originally known as the VP Interprofessional Affairs has now been changed to the VP Professional Affairs; and thus I have an expanded role in the promotion of your professional development. Aside from advocating interprofessional collaboration, I have to date been involved with the coordination of outreach programs, your yearly symposia, as well as the new CAPSI stickers that some schools now have. Use of this sticker on your ID cards will facilitate us in our CAPSI-only events, and to provide you with the most experience from CAPSI.

The popular Operation Washup and Operation Allergy outreach programs are underway this year once again! Participate in your school for outreach initiatives to a local elementary school and teach the kids the importance of washing their hands by demonstrating with a cool gel that lights up under ultraviolet light. There may be more outreach initiatives coming up soon, so keep your eyes peeled. Please contact your local representatives for more information.

Your symposia this year will incorporate one of two topics that will be discussed nation-wide: the Drug Reform policy currently seen in some provinces, or Harm Reduction that may be seen in your local areas. Both are hot topics of the year and attending

the symposia held by your local school will provide you with utmost benefit in learning about the current issues and trends in pharmacy.

As for interprofessional collaboration, I am writing an article for our fellow students south of the border in the next issue of the American Pharmacist Associations' Student Newsletter to briefly outline what interprofessionalism initiatives are occurring in Canada nationwide. In the meantime, please contact me - I appreciate your feedback and am interested in knowing about local initiatives for interprofessional collaboration that you may be seeing in your school. If you are looking to promote interprofessional initiatives within your school, leave me an email. You can contact me at vppa@capsi.ca and I will be more than happy to help you. Best wishes for an amazing school year!



Finance Officer

Amy Wang

Hi everyone!

My first job as Finance Officer back in the spring was to draft the upcoming 2010-2011 Budget, which was approved by council at the CPhA conference. Since then, I have updated QuickBooks with all of last year's transactions, prepared all the necessary documents and touched base with our accountant to file taxes for the fiscal year end. CAPSI

Executive Council Updates

National ended the year with a positive number and upheld fiscal responsibility.

In September, I moved the CAPSI account to ScotiaBank, as they are now our official bank sponsor. Additionally, I have been in touch with Maria in drafting invoices to all CAPSI Club members as well as competition and award sponsors. Currently, I am working with Kendell in sending reimbursement cheques to all qualifying Student Exchange Program participants from this past summer. I am also continually keeping track of all incoming revenue as well as expenditures using QuickBooks and comparing it against our budget to ensure we are where we need to be financially.

See you all at PDW Saskatoon!

Student Exchange Officer

Kendell Langejans



The IPSF Student Exchange Program in Canada continues to grow. This summer we placed 16 international students in community and research positions across the country, and sent 19 Canadian students abroad – you can read more about their experiences in this issue of the CAPSIL. This means that next summer we will be able to send 24 Canadian students abroad! Thank you to all of the local IPSF representatives and students who contributed to the program this summer. I encourage all

Canadian students interested in hosting a pharmacy student or travelling abroad through SEP to contact me or your local IPSF representative – I love hearing from Canadians interested in IPSF, which has become near and dear to my heart over the past 2 years. The Canadian deadline for SEP applications this year is December 23, 2010. Applications are done through the IPSF database, which is currently under construction. Students can find more information on how to apply and pay their application fees on the CAPSI website.

This summer I had the opportunity to represent Canada at the 56th IPSF World Congress in Ljubljana, Slovenia along with 11 other Canadians. Suzanne Sonneff and I were your Official Delegates, which meant we went to all of the meetings in the General Assembly to represent Canadian interests. Over 300 students from 45 different countries participated in 10

days of activities, including team-building exercises, educational lectures, and the first public health campaign as part of a Congress, educating Slovenians about HPV. Special shout-outs go to Stephanie Ma (U of T), Monica Chung (U of T), and Pamela Fu (UBC) for making it to the finals in the Patient Counselling Event, especially to Stephanie who won the beginner category; Shirley Yeung (UBC grad) who finished her term as Chairperson of Professional Development; Eric So and Sharon Leung (both UBC grads) who were elected

as Chairperson of Professional Development and Chairperson of Public Health respectively for the 2010-2011 year; and my co-delegate Suzy, whose passion for pharmacy and IPSF never ceases to amaze me. The 2011 World Congress will be Aug 3-13 in HatYai, Thailand, and I encourage everyone to attend!

Closer to home, I'm continuing work on the CAPSI-IPSF Health Campaign Award to be awarded at PDW in Saskatoon. Hopefully this year we will have sponsorship for a monetary prize for the winning school to put towards IPSF activities. I've also started recruitment for host pharmacists for SEP in summer 2011. If you or someone you know is interested in showing an international student what pharmacy practice is like in Canada, please contact me at seo@capsil.ca.



IPSF Liaison

Suzanne Sonneff

Since CphA, I have been working with Kendell to learn my duties as IPSF Liaison. I am usually busy reading reports from other countries about the project they have been running and answering e-mails about pharmacy in Canada for students who are interested in doing an exchange or coming for a post grad program. My first big task was to represent CAPSI at the 56th World Congress in Ljubljana, Slovenia at the beginning of August.

Executive Council Updates

In addition to attending the congress, I also participated in Leaders in Training, a leadership program that brought together 14 students from across the world. I am also on the IPSF Development Fund Committee, where I will be a part of the review committee in selecting candidates to receive financial aid from IPSF in order to allow those students to attend events such as congress, SEP and other conferences.

Since coming back from congress, I have also been trying to promote Japan's Pharmaceutical Tour, which has been generously opened to Canadian students. In September, I was working with UBC's local council to recruit new members and promote IPSF/SEP. In the next few weeks/

months I will be working with the local IPSF liaisons to organize this year's diabetes, health and wellness campaign and I will be working on promoting the 57th IPSF World Congress in Hatyai, Thailand.



CAPSIL Editor

Yin Hui

The CAPSIL is published three times a year for the purpose of keeping CAPSI members up-to-date on the executive council activities and current issues affecting pharmacy practice. It also strives to serve as a medium for students to share and discuss

their thoughts, opinions and ideas. Since CPhA, I have been coordinating with the CAPSIL reps from each school and other organizations to gather submissions to this issue.

In addition, I also serve as the chair for the Translations Committee. Thus far, we have translated various documents for the CAPSI competitions that take place throughout the year. A big thanks for everyone who helped out, and to Pascale Lanthier-Labonté, Megan Riordon, and Jessica Proulx King for proof-reading and last minute translations!

Please feel free to contact me at capsil@capsi.ca, or your local CAPSIL rep to submit an article for future issues! ■



UNIVERSITY OF TORONTO
LESLIE DAN FACULTY OF PHARMACY

INDUSTRIAL PHARMACY RESIDENCY PROGRAM

LESLIE DAN FACULTY OF PHARMACY

UNIVERSITY OF TORONTO

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 Faculty of Pharmacy, University of Montreal and participating companies, should be sent to the coordinator of the program 144 College Street, Toronto, ON. M5S 3M2 during the period of November 1, 2010 to January 31, 2011. The participating companies for the 2011 – 2012 term are expected to be: Eli Lilly Canada Inc., ESI Canada Inc., GlaxoSmithKline Inc., Hoffmann-LaRoche Ltd., Merck Frosst Canada Ltd., Patheon Inc., ratiopharm and Takeda Canada. **For further information, please contact the coordinator, J. Graham Nairn at 416-978-2881 or the assistant, Diana Becevello at 416-978-2880. Full information is provided at the website www.pharmacy.utoronto.ca**



CAPSI National Executive Council Elections

CAPSI National is now accepting applications for the following Executive Council positions for the 2011-2012 council year.

Your Executive Council is made up of eleven positions. Eight of these positions are elected at the PDW Conference each year. The positions are as follows:

- **President-Elect**
- **Executive Secretary**
- **VP Communications**
- **VP Education**
- **VP Professional Affairs**
- **Finance Officer**
- **International Pharmacy Students' Federation (IPSF) Liaison**
- **CAPSIL Editor**

Elections proceedings will take place on **Friday, January 14th, 2011** at PDW 2011 in Saskatoon, SK. If you would like further details regarding any of these positions, please contact your Senior or Junior CAPSI Representative, and he/she will help you to get in touch with the Executive member currently holding the position. Alternatively, I can be reached at secretary@capsi.ca and I will place you in contact with the appropriate individual.

Interested candidates are encouraged to consult the summary of portfolio descriptions detailed in Section 3.2 of the Operating Manual on the CAPSI website (capsi.ca).

What do I need to do?

Interested applicants are required to:

- Submit a signed nomination form (available from your local CAPSI Senior or Junior Representative);
- Prepare a curriculum vitae (CV) and letter of intent detailing the candidate's qualifications, goals and reasons for seeking the position;
- Deliver a five-minute speech during the Election Proceedings at PDW (any candidate that cannot attend PDW must submit a five-minute videotaped speech).

All application materials must be postmarked or emailed to Megan Riordon secretary@capsi.ca **no later than December 31st, 2010**. Videotaped speeches may be mailed or uploaded to YouTube. (Please contact me for further details.)

Alternately, applicants may also submit their application to their Senior or Junior CAPSI Representative **24 hours prior to the election proceedings at PDW 2011 (January, 14th, 2011 at 0930hrs)**. No late applications will be accepted.

**Interested candidates are asked to contact their
Senior or Junior CAPSI Representative for more information.**



Élections du conseil exécutif national de l'ACEIP (CAPSI)

L'ACEIP (CAPSI) a ouvert les élections et accepte les mises en candidature pour les postes suivants sur le conseil exécutif pour l'année 2011-2012.

Votre conseil exécutif est formé de onze postes. Huit d'entre eux sont élus à chaque SDP – congrès PDW. Les postes sont les suivants :

- **Président(e) élu(e)**
- **Secrétaire exécutif(ve)**
- **VP Communications**
- **VP Éducation**
- **VP Affaires interdisciplinaires**
- **Responsable des finances**
- **Responsable de la liaison à l' I.P.S.F.**
- **Éditeur du JACEIP**

Les procédures électorales auront lieu le **vendredi 14 janvier 2011** au PDW 2011 à Saskatoon, SK. Si vous désirez de plus amples informations sur ces postes, veuillez contacter vos représentants Senior ou Junior et il/elle vous aidera à entrer en contact avec le membre du conseil occupant présentement ce poste. Aussi, je peux être rejoint à secretary@capsi.ca, et je vous mettrai en contact avec la personne appropriée.

Tout le matériel de mise en candidature doit être marqué du sceau de la poste ou à secretary@capsi.ca au plus tard le **31 décembre 2010**. La date limite pour postuler sera **24 heures avant le processus électoral au PDW 2011 (14 janvier 2011 à 9h30 AM)**.

Les candidats intéressés sont priés de communiquer avec leur représentant Senior ou Junior de l'ACEIP (CAPSI) pour d'autres informations.

Student Perspective

A Unified Voice for Pharmacy

BY: CHELSEA BARR, UNIVERSITY OF WATERLOO



In early April, the Government of Ontario Ministry of Health and Long-term care announced massive cuts to health care spending that would remove \$750 million in professional allowances to pharmacies, while only making slight increases to dispensing fees and other professional services. While the government justified these cuts as “eliminating abuse of the system” and “offering patients wider access to lower-cost medicines”, what it meant for most pharmacies was that there would now be a \$200,000 to \$300,000 loss of annual funding used for direct patient care, with no real plan in place to compensate for these losses.

In response to these announcements, pharmacists, students, technicians and patients banded together to protest the cuts that would restrict patient care for those who need it most. We saw websites, news releases, YouTube videos, Facebook groups, campaigns, and rallies all devoted to proving that pharmacy services are valuable to Ontario

citizens, and that pharmacists need to be compensated for the care they provide. However, despite the campaign put forth by many dedicated groups, on June 7, 2010, Minister Matthews

proceeded with the proposed cuts and left many pharmacists feeling undervalued and defeated. Since the implementation of these cuts, the push for pharmacy services has all but come to a standstill, providing a dismal outlook for further compensation in Ontario pharmacies.

However, while Ontario pharmacists spent the summer advocating against these proposed cuts, pharmacists in Alberta were working towards a new pharmacy compensation model through the Pharmacy Practice Models Initiative (PPMI). This much less-advertised initiative involved 107 pharmacies in Alberta and was to provide a model through which Alberta pharmacists could be compensated for the care they provided under their new expanded scope of practice.

Disappointingly, on June 29, 2010, after a full year of a pilot project launch and research, Minister Zwozdesky of Alberta Health and Wellness announced

adequately reimburse pharmacists. Although pharmacists in Alberta currently enjoy the responsibilities of the authorization to adapt prescriptions, prescribe in an emergency, and administer injections, this move by the Government of Alberta proved yet again to the pharmacy community that a patient-care oriented practice is not something that we will be seeing any time soon.

So what can we, as students, do to ensure that our role as health care providers is not undervalued? We need to let our provincial governments know that the knowledge and skills we have will provide optimal drug therapy outcomes for our patients and lead to an increase of wellness in our communities. We need to be a unified voice on issues such as funding cuts, expanded scopes of practice, and cognitive service reimbursement. Pharmacy services are an integral part of the public health care system, one that should not be undervalued or trivialized by provincial governments. ■

Pharmacy services are an integral part of the public health care system ... should be undervalued or trivialized...

that, “more evidence [was] needed to substantiate the cost effectiveness and value to the health system”. Without a backing by provincial government, third party payers will also not

Editor's Note:

For more information on the Ontario Drug Reform, please visit the Ontario Community Pharmacies at: <http://ontario.communitypharmacies.ca/>

More information on the Alberta's PPMI can be found at the Alberta Pharmacist's Association: <http://www.rxa.ca/>

*Student Perspective***The Role of Pharmacists in Smoking Cessation***Fighting the war against nicotine dependence*

BY: AMANDA TETI, MEMORIAL UNIVERSITY OF NEWFOUNDLAND



Cigarette smoking produces a substantial burden to society's healthcare system. In fact, tobacco use is the most common cause of preventable death and disease in Canada and the United States.^{1,2,3}

Many people are aware of the link between tobacco use and the acceleration of cardiovascular disease and lung cancer.

Less well known,

however, is its role in increasing insulin resistance, the risk of infectious diseases, complications to surgery, along with a multitude of other problems.⁴ Cigarette smoke harms nearly every organ.¹ Tobacco smoke contains over 4000 chemicals, with nicotine being the culprit for its addiction potential. Its high capacity for addiction can be credited to the release of dopamine in the mesolimbic area, a.k.a. "the reward pathway", as well as in the corpus striatum and prefrontal cortex.^{1,4} As such, 'nicotine dependence' is labelled as a medical disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), as it encompasses a

CONTINUED ON PAGE 16

CONTINUED FROM PAGE 15

cluster of cognitive, behavioural and physiological symptoms (an essential feature for the diagnosis of substance dependence).⁵ Thus, despite the fact that nicotine itself has a relatively minor role in the toxic effects of cigarette smoke, its extremely high addictive capacity makes it a pharmacological target in the fight against smoking.

Since quitting 'cold turkey' results in the highest rates of relapse, it is recommended that all smokers trying to quit be offered medication.¹ There exists several drug replacement therapies targeted at blocking the reinforcing effects of nicotine. Among these include the prescription medication bupropion (Zyban), which exerts its action by blocking cholinergic receptors in the dopaminergic pathway, and varenicline (Champix), an $\alpha_4\beta_2$ -nicotinic receptor partial agonist that reduces the pleasurable effects of smoking.^{6,7} Other drugs target CYP2A6, the cytochrome primarily responsible for the metabolism of nicotine.⁴ In doing so, they increase nicotine levels from tobacco use and thus reduce the urge to smoke. The drug methoxsalen does this by blocking CYP2A6, however it is related to significant toxicity, thus making its routine clinical use problematic.^{4,6}

First-line treatment for smoking cessation is, paradoxically, nicotine replacement therapy (NRT).⁸ It works through the concept of harm reduction, as it provides a source of nicotine free of the toxic hydrocarbon components found in cigarettes. By administering nicotine to the patient, NRT assists in reducing

craving and withdrawal symptoms that would otherwise lead the patient to seek his/her next cigarette. The dose of nicotine is lower compared to smoking and is gradually diminished, with the ultimate goal of obtaining abstinence at the end of the treatment period.

Pharmacists are in an excellent position to provide tobacco-cessation services. As one of the most accessible health care professionals, pharmacists are ideally situated on-site in the pharmacy where smoking cessation products are obtained. As an added benefit, NRT products do not require a prescription, and as such, pharmacists can provide these products on the spot to smokers that walk into the pharmacy expressing or even contemplating a desire to stop smoking.

Having received training in tobacco cessation approaches, pharmacists are competent professionals capable of providing these services. Furthermore, a 'train-the-trainer' model has been implemented, in which pharmacist educators are distributing curricula to pharmacy schools to enhance tobacco cessation training of pharmacy students.⁹ This has led to an increase in pharmacists' interest and confidence in providing smoking cessation services.⁹ In a recent survey conducted by Hudmon, 71% of pharmacists stated that they felt tobacco cessation counselling is an important activity.⁹ However, one particular study that asked participants to report whether specific health care professionals

had ever asked them whether they used tobacco or ever advised them to quit found that pharmacists were the health care professionals that enquired about their habits the least, with only

68% of [patients] would be either "very or extremely likely to meet with a pharmacist for one-on-one counselling"

4.9% of participants reporting that their pharmacist had asked them about tobacco use, and only 1.9% reported that their pharmacist had advised them to quit.¹⁰ This finding suggests a possible area of improvement in which pharmacists could take a more active role in smoking cessation counselling.

Results from studies done on NRT patients' perception of the role of pharmacists in smoking cessation counselling are encouraging. In one particular study, 63% percent of participants believed that receiving advice or assistance from a pharmacist would either "probably or definitely increase a smoker's likelihood of being able to quit".¹¹ Furthermore, 68% of participants stated that they would be either "very or extremely likely to meet with a pharmacist for one-on-one counselling".¹¹ These findings, together with the ideal point-of-purchase position of the pharmacist in the pharmacy, strongly suggests that pharmacists are perfect candidates for providing smoking cessation counselling.

One area in which pharmacists can be of huge assistance to the patient is in the selection and dosing of a smoking cessation

CONTINUED ON PAGE 17

CONTINUED FROM PAGE 16

product. Selection of a particular smoking cessation product should be individualized and tailored to the specific individual. When choosing a product for a specific individual, many factors should be considered. Among these include patient preference, previous experience with medications, current medical conditions, medication compliance issues and cost of treatment.¹² There exists a variety of formulations amongst NRT alone, each one consisting of different advantages and disadvantages. The popular transdermal patch is low maintenance, requiring the patient to change the patch only once a day. It provides a continuous baseline-like level, with nicotine levels rising slowly over the 24 hours. Of the different NRT treatments, it takes longest for peak levels to be obtained (approximately 3-12 hours versus 30-60 minutes for the other formulations)^{1,12}; however, as such, it provides a larger challenge to the patient as it is the NRT that least resembles the instant gratification received when one smokes a cigarette. The oral inhaler is a convenient option for those people who desire to satisfy the hand-to-mouth smoking behaviour that they have become accustomed to. A disadvantage of this formulation however, is its higher cost (\$550-900 per 12 week treatment period).^{1,12} The gum and lozenge formulations come in two strengths: 2mg and 4mg. When deciding on which strength a patient should commence on, the most important factor to consider is a patient's level of nicotine dependence.

Nicotine has a relatively short half-life of two hours; thus, by the time a smoker has gone to bed and wakes up, approximately four half-lives passed, and the drug is therefore almost 94% eliminated.⁶ It thus comes as no surprise that many smokers will seek a cigarette as soon as they wake up in the morning in an attempt to relieve or avoid withdrawal symptoms.⁵ Patients that display this behaviour (i.e. smoke their first cigarette within 30 minutes of waking-up) are considered highly nicotine dependent and it is thus recommended that they start with the 4mg pack.^{1,12}

Pharmacists are in an excellent position to provide tobacco-cessation services

Since the pharmacist is in direct contact with the patient each time they come to pick up their smoking cessation medication, the pharmacist has several opportunities to intervene. The *Clinical Practice Guideline for Treating Tobacco Use and Dependence* recommends a "5 As" approach - ask about tobacco use at every visit, advise patients to quit, assess willingness to quit, assist with quitting, and arrange follow-up counselling.¹¹ Studies have found that delivery of the last three As have been particularly low – however their use is of large importance.¹¹ When assisting a patient in a quit attempt, it is important to use a combination of both pharmacotherapy and behaviour modification counselling. The pharmacists should help the patient identify anticipated challenges and ways to overcome them. A good example of this is identifying social

situations which will increase the patient's desire to smoke, and to accordingly have the patient plan to avoid these places. When arranging follow-up, the pharmacist should set a specific time aside to call the patient or schedule a meeting. During this monitoring time, it is important for the pharmacist to be empathetic and praise patient progress.¹ This is also a good opportunity to monitor for drug-related problems, thus decreasing the patient's risk of relapse.¹ Ultimately, it is important to create a therapeutic relationship so that the patient feels comfortable to report back to the pharmacist at the first signs of a relapse, so as to abort it as soon as possible.⁸

The well-established health consequences of smoking, alongside with the exposure to second-hand smoke, is responsible for millions of preventable deaths annually. The use of smoking cessation products helps decrease patients' risk of relapse. Patients have expressed the view that pharmacist-assisted cessation is an appealing approach to smoking cessation. Thus, pharmacists are in an excellent position to provide smoking cessation counselling to patients. With the combination of pharmacotherapy, behavioural modification counselling, follow-up monitoring and support, pharmacists can play a very important role in the war against nicotine dependence. ■

For references, please see APPENDIX available at <http://capsil.capsi.ca>

This article was awarded the 2010 Alcohol and Drug Dependency Commission Commemorative Award in MUN

Guest Column

One Team: Working to Shape the Future of Health Care

From the American Pharmacists Association Academy of Student Pharmacists

BY: STEVEN ZONA, APhA-ASP NATIONAL PRESIDENT



With the increasing number of specialists and professionals involved in the care of patients today, the importance of communication and coordination between members of the health care team is a key factor in positive patient outcomes. For one patient

undergoing a routine surgical procedure in the hospital, the

number of clinical specialists they encounter can be staggering: an anesthesiologist, a cardiothoracic surgeon, a recovery room nurse, and a pharmacist just begins the list of health professionals that could be involved in a patient's care.

There are many ways in which these professionals can collaborate to enhance the care of the patient. There are also many ways in which collaboration can go wrong and problems result.

It is from examples like this that we look to our future and this year's American Pharmacists Association Academy of Student Pharmacists (APhA-ASP) president's theme is built: "One Team: Working together to shape the future of health care."

Collaboration is more than just forming a team of practitioners, but rather creating an active and ongoing partnership of health care and non-health care

professionals who are committed to the best possible care for patients.

No matter what area of pharmacy you choose to practice; you will be directly touched by the need to effectively collaborate with other health care professionals to provide the optimal outcomes for your patients. If we want to be effective

Collaboration is ... creating an active and ongoing partnership of health care and non-health care professionals...

health care providers we must foster these relationships so that everyone can understand the bigger picture and the care of our patients can be optimized.

Throughout this upcoming year, APhA-ASP members are being challenged to make it our mission to branch outside of our comfort zone and build better connections with our colleagues so that we can take advantage of the clinical opportunities that the trailblazers of our profession fought to create.



APhA-ASP Interprofessional Meeting

APhA-ASP is working to further the goals of interprofessional collaboration through advocacy, communication, and collaboration. This year APhA-ASP is partnering with the National Student Nursing Association (NSNA) and the American Medical Student Association (AMSA) to write a White Paper on interprofessional collaboration and formulate recommendations to help improve collaboration in all settings. With the recent passing of the health care reform legislation, we are working to advocate to ensure that pharmacists are involved in the medical home models and play integral parts in accountable care organizations included in the legislation. To increase communication, we are participating in an article swap with NSNA and AMSA to help expose each other to the clinical training and expertise that each of our professions brings to the care of our patients.

Building these trusting relationships and lines of communication now will ensure that others seek out our expertise in medication therapy in the care of our patients. Increasing communication can also help to create a shared advocacy for positive change in the provision of health services for our patients. The future of health care is right in front of us, and we must form One Team with our colleagues to become the next generation of health professionals practicing not from separate disciplines, but working together, as one, to shape the future of health care. ■

PDW 2011 Saskatchewan



The College of Pharmacy and Nutrition at the University of Saskatchewan is excited to invite pharmacy delegates from across the country to Saskatoon for Professional Development week 2011, **January 12-16 2011**. The conference will take place at the TCU convention center in downtown Saskatoon with delegate hotels just blocks away. This year theme for PDW is “**Wide Open Future, Un Avenir Sans Limite**”. As pharmacists, our possibilities are as endless as the Saskatchewan horizon. With the emergence of prescribing opportunities, the shift toward primary healthcare teams, and the newly-sharpened focus on pharmaceutical care, there are many exciting directions for the profession to take. PDW 2011 hopes to accentuate these various opportunities for pharmacy as a career.

PDW 2011 promises to be a thought provoking and exciting convention with speakers intended to stimulate your thinking about the future of our chosen field. This year's Motivational speaker is **Catriona Le May Doan**, this Olympic gold medal winning speed skater currently holds the Olympic record for the 500m long track race and during her career broke 13 world records. She is a spokesperson for the Saskatchewan Blue Cross, as well as various

other community and charity associations. Keynote speaker **Steven Lewis** is an adjunct professor with the Center for Health and Policy Studies at the University of Calgary, he has served on numerous boards and committees, including the Canadian Institutes of Health Research's Governing Council, the Saskatchewan Health Quality Council, and the Health Council of Canada. There are also numerous other exciting speakers who promise to make us as students think about where our future is headed.

After spending the day at the conference delegates will enjoy socializing at the numerous social events. **Saskino Royale** will be an exciting opening night, where delegates can play casino games in order to win prizes. On the second night come with us to one of Saskatoon's finest nightclubs and experience the wild wild west. On Friday night experience the true prairie spirit and dance the night away to the “**Last Saskatchewan Pirate**”. On your final night in Saskatoon come and create your own happily ever after at our Fairytale formal. Don't miss out on your chance to experience the true prairie spirit and learn from some of the leaders in health and in our own field of pharmacy.

See you in Saskatoon for PDW 2011! ■

FREE

student membership
in CPhA



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA



**It's an easy decision! Join online at
www.pharmacists.ca/students for:**

- Discounts on essential texts, including *Therapeutic Choices* and the NEW edition of *Patient Self-Care*
- Subsidized CPhA conference registration
- Regular members-only email communications
- Summer employment and Board of Directors opportunities
- Complimentary one-year membership upon graduation
- New! National job board at www.pharmacy-jobs.ca —
Your prescription for success starts here!

**The Canadian Pharmacists Association
Supporting you wherever your profession takes you.**

Sponsor Message

The Canadian Pharmacists Association welcomes you back to class!

It is officially time to welcome you all back to another academic year. For those new to pharmacy, welcome! This will most definitely be an exciting year for you. You can look forward to becoming familiar with the world of pharmacy through classes and professional events, and making lifelong friends and colleagues at the same time. As for returning students, I'm sure you are looking forward to completing another year, bringing you one step closer to your professional career!

Being a pharmacy student can be demanding. It is essential to prioritize the many important aspects of your life. Academics, course loads, classmates, friends, professional and social events such as Professional Development Week and Pharmacists Awareness Week will fill up your calendar. Make time though for looking at our future profession from a broader perspective.

The Canadian Pharmacists Association (CPhA) is the national association for all pharmacists and our leading advocacy body. We can easily become directly connected to what is going on in pharmacy on a national level through involvement in CPhA. One of the simplest ways to stay connected is through complimentary student membership in CPhA. I urge you to sign up online at www.pharmacists.ca/students. The process is fast, simple and free of charge! There are several benefits offered to students who are members, including:

- Discounted prices on CPhA publications and resources, including the brand new edition of Patient Self-Care and the CPS
- Student registration rates for the CPhA Annual National Conference
- Monthly member email updates that keep you informed on the current changes in pharmacy – Student KlikInfo newsletter just for us!
- Complimentary access to the electronic version of the Canadian Pharmacists Journal (CPJ)
- Subscriptions to CPJ at a discounted price
- One full year of complimentary membership upon graduation that includes access to e-CPS and print copies of CPJ
- On-campus lunch & learn sessions and professional seminars

An exciting national job board, Pharmacy-Jobs.ca, has been launched by CPhA and CAPSI in partnership with Workopolis NicheNetwork. The site is Canada's premier job board for professional pharmacy jobs in Canada, connecting students and practising pharmacists with up-to-date job opportunities from a variety of employers across Canada. As our profession moves forward and changes, jobs and the way we as pharmacists practice pharmacy will also change. Through Pharmacy-Jobs.ca we can stay on top of current job postings and what employers are looking for. The job board will also include student and intern positions across the country. These opportunities will apply to students immediately, and will become an essential tool to those nearing the completion of their degrees and convocations.

As CPhA's Board representative for students, my main role is to shed light on the needs and concerns of pharmacy students. The Canadian Pharmacists Association recognizes that today's student body is the future of the pharmacy profession and remains committed to our needs. If at any time you have any questions or concerns do not hesitate to contact me at leah.phillips@mail.usask.ca, or the CPhA office at members@pharmacists.ca. Finally, I wish you all a year of success with your studies full of personal, academic and professional growth.

Sincerely,

Leah Phillips
CPhA Student Board Member
3rd year student - College of Pharmacy and Nutrition
University of Saskatchewan

Publicité

L'Association des pharmaciens du Canada vous souhaite une bonne rentrée!

Il est temps de déclarer officiellement le début d'une nouvelle année universitaire et de souhaiter la bienvenue à tous ceux qui commencent leurs études en pharmacie. Cette année sera pour eux sans doute passionnante. Ils se familiariseront avec le monde de la pharmacie durant les cours et les activités professionnelles et pourront par la même occasion lier des relations d'amitié et de camaraderie durables. Quant à ceux qui reviennent, ils doivent avoir hâte de poursuivre leurs études pendant cette nouvelle année et de se rapprocher un peu plus de leur carrière professionnelle.

Il n'est pas toujours facile d'être un étudiant en pharmacie, car il faut constamment prioriser des aspects importants de la vie. Les professeurs, les cours, les camarades de classe, les activités professionnelles et sociales, comme la Semaine de développement professionnel et la Semaine de sensibilisation à la pharmacie, rempliront votre emploi du temps. Prenons cependant quelques minutes pour aborder notre profession future dans une perspective élargie.

L'Association des pharmaciens du Canada (APhC) est l'association nationale de tous les pharmaciens et la principale organisation qui défend leurs intérêts. En nous investissant dans l'APhC, nous pouvons savoir de première main ce qui se passe dans le monde de la pharmacie à échelle nationale. L'une des façons les plus faciles de s'y investir est de devenir membre étudiant de l'APhC, l'adhésion y étant gratuite. Je vous invite à vous y inscrire en ligne à l'adresse www.pharmacists.ca/students. Le processus est rapide, simple et gratuit. Voici quelques-uns des avantages qui s'offrent aux membres étudiants :

- Prix réduit pour les ressources et publications de l'APhC, notamment la toute nouvelle édition de *Patient Self-Care* et le *CPS*;
- Frais d'inscription réduits pour les étudiants à la conférence nationale annuelle de l'APhC;
- Mises à jour mensuelles par courriel adressées aux membres, pour les informer des changements qui ont lieu dans le monde de la pharmacie – un bulletin ClicInfo étudiants, rien que pour nous!
- Accès gratuit à la version électronique de la *Revue des pharmaciens du Canada (RPC)*;
- Rabais sur l'abonnement à la *RPC*;
- Adhésion gratuite pour l'année qui suit l'obtention du diplôme, comprenant l'accès à e-CPS et les versions imprimées de la *RPC*;
- Déjeuners-conférences et séminaires professionnels sur le campus.

L'APhC et l'ACEIP, en partenariat avec Workopolis NicheNetwork, ont lancé Pharmacy-Jobs.ca, un extraordinaire tableau d'affichage d'offres d'emploi à l'échelle nationale. Ce site est le premier tableau d'affichage d'emplois pour les professionnels en pharmacie du Canada, qui informe les étudiants et les pharmaciens en exercice des occasions d'emplois proposées par de nombreux employeurs de tout le pays. À mesure que notre profession avance et change, les emplois et la façon dont les pharmaciens exercent leur profession changeront aussi. Grâce à Pharmacy-Jobs.ca, nous pouvons nous tenir au courant des postes vacants et de ce que les employeurs cherchent. Le tableau affichera également des occasions d'emploi pour les étudiants et les internes de tout le pays. Ces occasions intéresseront les étudiants immédiatement et deviendront un outil essentiel pour ceux qui finiront bientôt leur formation et obtiendront leur diplôme.

À titre de représentante des étudiants auprès du conseil d'administration de l'APhC, mon principal rôle est d'apporter un éclairage nouveau aux besoins et aux préoccupations des étudiants. L'Association des pharmaciens du Canada sait que les étudiants d'aujourd'hui sont l'avenir de la profession et leurs besoins lui tiennent à cœur. Si vous avez des questions ou des préoccupations, vous pouvez communiquer avec moi en tout temps à leah.phillips@mail.usask.ca, ou au siège social de l'APhC, à members@pharmacists.ca. Je vous souhaite à tous une belle réussite dans vos études et dans vos activités personnelles, estudiantines et professionnelles.

Sincères salutations,

Leah Phillips

Représentante des étudiants au conseil d'administration de l'APhC

étudiante en 3^e année - College of Pharmacy and Nutrition

Université de la Saskatchewan

Your prescription for success starts here!

Pharmacy-Jobs.ca is Canada's dedicated job site for pharmacy professionals, connecting leading employers with talented pharmacists, students and pharmacy technicians. Whether you're just starting out, looking for a new challenge or a new location, Pharmacy-Jobs.ca is your trusted one-stop shop for pharmacy professionals.

- Free and confidential resume posting
- Three privacy settings for full control of the confidentiality of your information
- Save time by creating up to 5 job search alerts that notify you every time a new position is posted that matches your criteria
- Upload and store up to 3 unique profiles

Register your
résumé before
November 30 for a
chance to win a

\$500
gift card.



PHARMACY-JOBS.CA

A partnership of the Canadian Pharmacists Association (CPhA), the Canadian Association of Students and Interns (CAPSI) and Workopolis NicheNetwork.



CANADIAN
PHARMACISTS
ASSOCIATION
ASSOCIATION DES
PHARMACIENS
DU CANADA

WORKOPOLIS
NicheNetwork



CAPSI • ACEIP

Student Travels

Namibia, Land of the Brave ... and the Rich

BY: ROSHINA BABAEI-RAD, UNIVERSITY OF TORONTO

“We have a saying in Namibia... as long as you’re alive, you’re rich.” Agnes, my favourite counsellor at the Katutura Health Centre, tells me this after I explain to her that I’m not wealthy. She says this after I’ve spent a full ten weeks interning at the clinic’s pharmacy, dispensing ARTs to HIV-positive patients. With her one statement, Agnes has perfectly captured the spirit of Namibians.

On my first day of work at the clinic, I was overwhelmed. I arrived shortly after 8 am and already the benches were full of patients, all HIV positive. In the weeks to follow, I would dispense for hours every day, counselling in broken Oshiwambo and Afrikaans. In the beginning, I felt deep sadness for these people living with an incurable and devastating disease, but soon realized my attitude was not reflected by the patients.

I’m not sure what I was expecting, but I had never been in the presence of so many sick people at one time, and their seemingly nonchalant attitude towards the disease was unsettling. I assumed they were underestimating the severity of their situation. This disturbed me – if these patients were uninformed or in denial, it would lead to irresponsible behaviour. Every day I replayed the same questions in my mind: Were they taking their

medications as prescribed? Were they practising safe sex? If not, did they comprehend the consequences of such neglectful behaviour? It took me weeks to realize that ignorance was not the cause of their carefree attitude. They had made the choice to accept their status and live happily in spite of the devastating diagnosis.

Like typical Namibians, they wore genuine smiles and embraced life.

This attitude of persevering positivity was observed outside of the clinic as well. One night, some local friends offered to take us interns out “shebeen hopping” basically, visiting several watering holes

in Katutura on a Friday night. After growing tired of the third shebeen, we all walked back to the parking lot and noticed that one of our host’s cars had been broken into and left with a shattered window. Nobody seemed alarmed. The boys used their hands to brush the glass shards off the back seat and calmly exchanged information about cheap auto shops that would repair the window for a good price. After getting into the car, we noticed the offender had enjoyed

a snack and left the wrappers and an empty can of Sprite in the car. This gave me chills, knowing that someone had been sitting there moments ago while we were at a bar 20 meters away. In contrast, our Namibian friends found this

amusing and chuckled over the audacity of it. Without a moment of hesitation, they then proceeded to discuss the next stop for the

night. Rather than stress over the damaged window and violation of property, they chose to make light of the incident and maintain a joyful attitude.

From what I observed over eleven weeks, Namibians have an incredible ability to maintain a happy outlook in the face of adversity. More accurately, I should specify that my interactions almost always took place in Katutura, the township where I worked. In Katutura (literally meaning “the place where we do not want to live”), many residents live in corrugated iron shacks, the incidence of HIV and tuberculosis infection are high, gunshots can be heard at night, and children play soccer barefoot using pop bottles. Strangely, I never felt that I was among the poor. The smiles and enthusiasm for life distracted from the poverty. Among locals, Namibia is known as “Land of the Brave.” From what I can tell, it’s the land of the rich. ■



iPHARMACIST® handheld software†

has all of the **quick-reference content** you've come to rely on:

- Lexi-Drugs
- Lexi-Interact
- 5MCC
- Natural Products
- Infectious Diseases
- Lexi-Pediatric Drugs

PLUS:

- Lexi-Tox
- Lab and Diagnostic Procedures
- Drug Allergies
- Lexi-Pregnancy and Lactation
- Drug ID
- Calc+
- Merck Manual
- Stedman's Medical Dictionary
- And much more!



Don't forget! As a CAPSI member, you may be eligible to **save \$100** off your **iPHARMACIST® handheld software** subscription. Contact your local CAPSI representative to get your **iPHARMACIST®** software discount coupon.*

†Available for iPad, iPod touch, and iPhone

*CAPSI/Apotex iPharmacist® handheld software coupons are valid from September 1, 2010 to March 31, 2011

Visit **www.ipharmacist.com** to learn more.

iPHARMACIST
BUSINESS SOLUTIONS

Building Your Business. Supporting Your Practice.

By

APOTEX
ADVANCING GENERICS

Student Travels

Pharmaceutical Care in Bulanga, Uganada... or Lack Thereof

BY: LUCY LU CHU, UNIVERSITY OF BRITISH COLUMBIA

Where is Bulanga? For anyone who has tried Google Mapping this place, you'll notice that it won't show up. Instead, you can try the keywords "Kibaale, Rakai, Uganda" and you will notice that it is in southern Uganda, bordering Tanzania. Bulanga is only a 90 minute walk from Kibaale, the next closest village, and walking would be the only way to get from Bulanga to Kibaale for most villagers.

Bulanga was also the first location where HIV was detected in Uganda. In the 1980's, almost eighty percent of the villagers were infected with HIV.

What was I doing here? I was volunteering

at an orphanage with the Hope Child Care Program (HCCP). I spent most of my time providing assistance in the clinic. There was one clinician, Austin, who did not have any formal training after completing high school. He learned about drugs by working as a technician, then learned how to diagnose by following his uncle (a doctor) around the hospital for a year. I noticed they did not have strict standards for hygiene at the

clinic. He would reach into pill bottles to grab a tablet. He would also apply cream on one child with a rash or infection and not wash his hands before applying a different topical agent on another child. It is understandable because water is scarce and latex gloves are just not available. We brainstormed together and decided that he could pour a tablet out onto the lid of the bottle and then drop it into the child's hands, so that he

would not be reaching into the bottle with contaminated hands. And for applying creams, Austin could remove an appropriate amount of cream, then put in the child's hand and watch the child apply it. Even though it was not a perfect solution because the child's hand might be dirty, it is improvement over Austin touching the lesions directly.

Drugs are scarce because the orphanage is not funded by the government. Their only sources of funding are through the day school program and child sponsors (they are not affiliated with World Vision). This makes it very difficult to provide pharmaceutical care. Sometimes, Austin will mix 3 deworming medications because albendazole is not available (either because they cannot afford it or they could not afford to travel to

Kampala to buy the medications from the wholesaler). Many of the villagers who come to this clinic cannot afford to pay for the visit or tablet costs. HCCP's clinics try their best not to deny access to care, but sometimes, they simply cannot afford everything and must prioritize: dinner for some orphans, or nitrofurantoin tablets for a villager?

HCCP, a non-profit organization that has barely any resources, is doing their part to help the community. What can privileged students like you and I do for rural Africa? We can donate: money, time, effort, anything.

A common condition that I noticed in the community (excluding the orphans) was malnourishment. If malnutrition is a condition, I see that the simplest drug would be food. When fundraisers state that every little bit counts, it is true. One Canadian dollar is equivalent to 2,200 Ugandan shillings, and this could buy 22 avocados or 3L of water or 1 kg of pasta or 1 loaf of bread. In other words, \$1 could feed a Ugandan child for 3 days.

However, money is not the only solution. Life is so difficult. Especially in the rural areas, retrieving water may already take up an hour of your time, while cooking takes even longer because you have to gather firewood and start the fire. Forget about being



One of the many mud houses in Bulanga. This one provided shelter for a family of four.

CONTINUED ON PAGE 27

CONTINUED FROM PAGE 26

rich, the basics of surviving already occupy the majority of your day. Now imagine you have children to look after, you always feel fatigued because you have AIDS (which 30% of the people in Bulanga do) and your husband left you; or imagine if your parents could not afford to send you to school, you would not be able to get an education. In these cases, volunteering your time and effort to teach them simple skills, such as making crafts to sell at the market, can make all the difference in one person's life.



Or if you want to volunteer at an orphanage and just play with the children, you will have a bigger impact on them than you can imagine. Starting a girl group and talking to these children about issues such as abstinence could save a child from contracting HIV/AIDS. There is so much that you and I could do. The government also provides free anti-retrovirals, but many people in Bulanga are non-adherent because it is a 180-minute roundtrip under the scorching sun in order to access the supply. Perhaps you will have the solution to this problem?

If you do not have the time

to volunteer, I hope that you will at least have the time to check out websites such <http://solidsaltspring.ca/>, <http://www.girleffect.org/> and <http://www.hccpuganda.org/> and spread the word. Please realize that by luck of the draw, you were born to a family who could provide for you and that you grew up in Canada and had the opportunity to become educated. And that some other child, by luck of the draw, was not as lucky.

It is heartbreaking to see that some of them do not have parents to hug and spoil them, and even more devastating to hear that some of them are affected by HIV/AIDS. Yet, these children work so hard toward their future because they know that they have been given an opportunity to receive an education and be adequately fed and clothed. ■

IPSF Exchange



This summer I went on a pharmacy exchange to Costa Rica for the month of July. Upon arrival in Costa Rica at the San Jose airport I had to wait for 3 hours for someone to pick me up. It was weird because there is no place to wait inside the airport so I had to wait outside sitting on the concrete. Surprisingly the people there who were offering rides to hotels and taxis where

very friendly and lent me their cell phone so I could call the SEO of Costa Rica. She told me she was caught in traffic behind an accident and her friends ended up having to come and get me. When her friendly arrived she was very kind and kissed me on the cheek, a common greeting in Costa Rica among family and friends. I was then driven to meet the pharmacy student I would stay with and her two sisters. They took me to a local concert and restaurant it was fun and the food was good. I was surprised by the oldies English music playing (ex Bee gees) when

Pura Vida in Costa Rica

BY: LEILA CLAYTON, UNIVERSITY OF SASKATCHEWAN

the band was on breaks. Next we went to my home stay families' home. It was a small house but it was clean and welcoming. I was immediately welcomed into their family although they would never let me help with cooking or house work for the entire month. In order to try and help I would have to do it in the early mornings before the family woke up.

The pharmacy part of my exchange did not begin until 5 days after my arrival, but finally I went to my first day. It was really interesting to be able to

CONTINUED ON PAGE 28

CONTINUED FROM PAGE 27

compare a pharmacy in another country to the one I had been working at in Canada. There were many technicians but only one pharmacist and he was the only



Learning to take blood pressure manually on the pharmacy student from Spain

one who could speak English. I do not know very much Spanish so I could not speak to the patients and I found it difficult to contribute to the pharmacy. However during my visit I learnt about giving injections for pain, allergies and for immunizations, how to take manual blood pressure, and I learnt how to wring in prescriptions on the till. When a prescription was brought to the pharmacy the pharmacist would describe what the medication did and the conditions it was used for. Giving injections was common in the pharmacy and they had a special room for doing this at the back of the pharmacy. Only the pharmacist and pharmacy students are allowed to give injections. This was interesting as Canada is currently transitioning into pharmacists giving immunizations.

Some other interesting differences I noticed between the pharmacies in Costa Rica and Canada include that patients are

able to purchase one or two tablets of most drugs except narcotics and antibiotics without a prescription. Patients do not have to pay a dispensing fee. Most patients choose to only buy a few pills as they do not have much money and few have drugs plans, thus they pay of pocket. The patients are able to negotiate the price of the drugs by buying larger quantities or paying in Colones (the local dollar) as apposed to American dollar of with a bankcard. Pharmacy technicians have no training and if there is no pharmacist

working the technician can phone the pharmacist to get permission to fill a prescription. The drugs in the pharmacy are usually in blister packs thus very few are in pill bottles. The number of tablets required is cut out of the blister pack, placed in an envelope, and then give the patient. A label is only stuck onto the envelope if a prescription was given.

The prescription label says only the name of the patient, the name of the drug, the directions, and it may or may not include the name of the doctor. Prescription labels are either typed onto a sticky label using a typewriter or are hand written. The drug

information sheets are given with the prescription. Only medications are sold at a pharmacy all herbal and natural products are sold at a separate store. The pharmacists wage is approximately 1500 American dollars per month working 9 hours per day for 5 days a week.

Well outside of the pharmacy I traveled around the country with a pharmacy student from Slovakia and one from Spain. Both of these students had their exchange at the same pharmacy as me but lived in different home stays. After the first 2 weeks each of us had a guest from our home country come and travel with us. In my case my boyfriend surprised me by showing up at the pharmacy when I was working when I had thought he was in Europe. During my travels I saw volcanoes, oceans, rainforests, monkeys, humming birds, butterflies and



My homestay family, fiancé, and the traditional Costa Rican wagon

much more. I also tried some new foods and learnt a little bit of Spanish. Costa Rica was amazing with both educational aspects and many exciting adventures. On my last day there my boyfriend proposed, a perfect ending to an extraordinary trip. ■

IPSF Exchange

A Moose Jaw Experience

BY: CLEMENTINE PERRIERE (FRANCE)

I spent one month in Moose Jaw, a small town in southern Saskatchewan. When I first knew I would be going there I had to look on a map to know exactly where it was! But I had no doubt I would go because it a unique experience to travel and discover pharmacy. I had already done a SEP in the USA two years ago and I knew that it would be a good experience.



At Banff National Park

I was working 4 days/week in a Walmart pharmacy, from 10am to 5pm with a very French 1H30 lunch break! So I could go and explore around. The pharmacists and the pharmacy technicians were very nice and very helpful. I was very lucky because there were two Canadian pharmacy students doing a rotation/working during August. The whole team was very friendly and really made me feel welcome. I really felt people had trust in me and I could get involved in the job as much as every one else in the pharmacy, which is really nice.

I was very surprised at first because in France we don't count the pills and we don't prepare the syrups. Even if the patient only needs 5 pills we give the whole box (which is usually for 28 or 30 days). I was also very impressed by the safety of the process

because the pharmacist would check on your work at least twice. So I was never worried I would do something wrong. The job was very fun and there was no time to be bored. When the work was going slowly, we would talk about the Canadian health insurance system or they would teach me some English words in science. I learned a lot about different treatments and prescriptions.

It was particularly interesting for me as I have not chosen the community pharmacy pathway in France, so I had to focus one last time on pharmacy world before I move on to my new direction.

My pharmacy experience was complete so was my social life. I first spent some of my spare time with a pharmacy student in Moose Jaw. He spoke French so it was lots of fun to talk with him and have bilingual exchanges. I got to meet his family, some of his pharmacy friends who turn out to be very

friendly people. I met a lot of people during this month and everybody was so nice and happy to meet me. Canadian people really know how to make you feel you're part of the crew even though they don't know you.

I was also very lucky because there was another pharmacy student doing an exchange in a town not too far. We really got along and had a lot of fun. One of the CAPSI student who just got back from a SEP in Costa Rica organized for us a road trip to Calgary and Banff so we spent our last week in Canada on the roads with three of her friends. It was an amazing experience to travel across Canada for a very cheap price and with wonderful people. I was not expecting this trip and I never thought I would be able to see those breathtaking places in my life so I was absolutely enchanted.

This SEP was a wonderful experience so my only wish is to apply again!

I am so thankful to CAPSI, and to every person who has made of my august 2010 one of my best summer ever! And

I definitely recommend every pharmacy student to apply for a Student Exchange Program. ■



At Lake Louise



DO YOU KNOW A PHARMACIST INTERESTED IN INTERNATIONAL PHARMACY? PLEASE PASS THIS ALONG!



The SEP provides an opportunity for international students to experience the exciting practice of pharmacy in Canada. The program not only provides students with the opportunity to learn about pharmacy outside their own country, it also enriches both their professional and personal lives with unique cultural experiences. Canadian students who find a host site strengthen their own SEP application.

Your role as a preceptor/host site will be a rewarding one. Students bring a great deal of knowledge and enthusiasm to the workplace and can add an international diversity to your establishment. Also, if you choose to accept an international student, you enable a much deserving Canadian pharmacy student to go abroad the following year.

- ❖ Most exchanges are **one month** and usually take place from May to September. However, exchanges can be anywhere from two weeks to three months and can occur within any month during the year. It all depends on what is convenient for you, the host site.
- ❖ During the exchange, the amount of time the student spends on site will be catered to your preferences. IPSF recommends that the student works for **4-8 hours/day for 4 days/week**.
- ❖ We require host sites in **all** areas of pharmacy practice (i.e. Research, Industry, Hospital, Community, etc.)
- ❖ The exchange students are **volunteers** and therefore are **unpaid**. Students are also responsible for the cost of their transportation and accommodations and therefore there is no cost to you!
- ❖ You will be able to determine criteria of a preferred student (ie. Spoken language, year of pharmacy program), and then will be able to **choose your student** from a pre-screened list. You will receive complete CVs and motivational letters from several candidates.
- ❖ Once you select a student, CAPSI will ensure the student has accommodations, social events, and all necessary travel documents. Leave all the work to us!

Deadline for 2011 (May-September): February 15, 2011

I hope that you will strongly consider sharing your experiences, knowledge, and ideas with an international students. For more information on how you can host a student please contact:

Kendell Langejans

IPSF-CAPSI National Student Exchange Officer

seo@capsi.ca 403-988-9767



Student Perspective

A Lesson Learned: Don't Stereotype Your Patients

BY: TAJ DHINSA, UNIVERSITY OF TORONTO

“**O**h Megan....why won't you eat? Ugh. Fine. I'll feed you,” frustrated, I wiped the remnants of pureed salmon and squash from my brow and dipped the spoon into the applesauce, hoping that something sweet would be more enticing.

“Megan, open wide. Muh muh muh muh Megannnnnnn,” I wailed. No response. Her lips were sealed. I sighed. Looking at the clock, it was 8:38 pm. I started supper a full two and a half hours ago. I couldn't figure out what was wrong. Megan's other intervenor had trained me the night before and she made everything seem so effortless. She had her supper fed, bathed, teeth brushed and out for a walk all before 8:30 pm. Megan and I couldn't even manage to get through the main course.

Megan had Infantile Refsum's Disease—a condition which causes blindness and deafness as well as severe cognitive impairment. To help her poor vision, Megan had glasses and a surgically implanted hearing aid to help her with her hearing. These two devices only helped to restore her senses a bit; she was still legally deaf and blind. Megan was also much shorter than the average 13 year old. She resembled a grade three student more than the pre-teen that she really was.

Everything around the house was modified so that Megan could maneuver herself around without getting lost or injured. Toys

were strategically placed in three locations: near the kitchen table, end of the staircase, and Megan's play corner. Megan's younger sister couldn't leave things on the floor in case Megan tripped.

Communicating with Megan was accomplished by speaking loudly coupled with hand-over-hand sign language. Tapping her elbow would mean Megan had to lift her hand to her mouth in order to feed herself. Walking—again, *seemed* effortless; she would walk with only little difficulty with the help of her intervenors. She just needed her hand to be held in order to go to the right direction. Bathing and brushing her teeth—those were a bit more challenging for Megan and required for the intervenor to do the tasks for her.

Back to supper. Anxiously, I looked at my watch and as soon as I looked up I saw Megan drop the spoon filled with applesauce.

“Splat,” Megan let out a giggle as it hit the floor, which I have to admit, kind of made me laugh. To my horror she then picked up the bowl of applesauce.

“Oh no!” It was too late. She let it go. The bowl fell. Applesauce was everywhere on the floor, the table, her face, my face. Megan was hysterical.

“I don't think I'm going to be able to handle you,” frustrated, I gave the spoon to Kathy, her mom, and she finished feeding Megan. Again, seemingly effortlessly. I just couldn't figure it out.

Nothing prepared me more for a future career in health care than firsthand experience working in a home with a disabled young teen. My position as a deafblind intervenor was one of the most challenging, yet one of the most rewarding experiences of my life.

When you are in a patient's home, you see everything. You are forced to deal with every issue that comes at you. You have no choice but to think on your feet; you don't have time to prepare—just to react. Now, as a pharmacy student, I realize that medications are only one part of the entire process; the patient and their family often don't have an escape; they have to deal with their condition day in and day out. This, at times, can be very overwhelming for them.

Intervening was a process of trial and error for me. Even though trying to create strategies to motivate and engage Megan was challenging, I knew it was important to her development.

Megan particularly did not enjoy exercising and I decided to come up with original ways to encourage her to participate. One day, I decided to incorporate music therapy (Megan loved music) into her daily exercise routine in order to win her over. It worked like magic. Improving Megan's gross motor skills was one of my successes as her intervenor. During the months that we worked

CONTINUED ON PAGE 32

CONTINUED FROM PAGE 31

on the routine, it was essential for me to remain patient with her progress. I learned that the process, not necessarily the end result, nurtured Megan's instincts and allowed her to expand her physical capabilities.

In the beginning, I did not believe in Megan's capabilities; I did not trust her to complete daily activities autonomously. As a result, Megan became continually frustrated and uncooperative when I worked with her and seemingly straightforward activities such as feeding took hours to complete. She wasn't trying to make my life difficult; she was giving me signs that she, if given the chance, could do them on her own.

When I finally came to the realization that Megan had strengths in certain areas and

weaknesses in others, I started to develop intervention strategies that best suited her. My approach centered on giving Megan more control over her environment. Feeding was structured, but, it did allow for some flexibility. I wouldn't try feed her myself anymore. I started to encourage her to do it on her own by tapping her elbow at specific times; just like her other intervenors had done. She held the spoon. She had the control. I was just in the shadows helping her along the way. It soon became much easier once I began to trust in her abilities, and Megan thrived when given independence.

I often reflect on my year with Megan. The whole experience was a learning curve; I had to come to terms that Megan learned at a different pace and through different avenues.

Now, when I interact with patients I remember my time with Megan. Every patient wants an element of control over their condition and drug therapy can often be a very confusing experience. I am reminded to treat the patient as a partner when developing care plans. My interactions are, as a result, more meaningful and the patient is more informed and walks away with a greater understanding.

My most important lesson—understanding and trusting in the abilities of others is instrumental. It is important to not let any preconceived notions dictate your interaction with other individuals. Megan was my teacher more than I was hers; she taught me patience and most importantly, never to underestimate a person's abilities. To her, I express my sincerest gratitude. Thanks Meg! ■

We're as committed to your education as you are

CAPSI and Scotiabank have forged a partnership in support of Pharmacy students across Canada. We're as committed to your education as you are. *Scotia Professional*® Student Plan offers financial benefits* for Pharmacy students including:

- Excellent program limits and rates
- No fee plan account
- No principal payment until 12 months after graduation
- Choice of *No-fee ScotiaGold*® VISA* card or *No-fee Scotia Moneyback*™ VISA* card
- On-line financial training modules for students.

Contact your Scotiabank faculty representative for further information or visit scotiabank.com/studentprofessional

You're richer than you think.®



Scotia Professional Plan



+ Subject to credit approval, satisfactory credit history, and our guidelines and program conditions.
© Registered trademarks of The Bank of Nova Scotia. ™ Trademark of The Bank of Nova Scotia. * VISA Int/Lic. User The Bank of Nova Scotia.

Sponsor Message

Teen Smoking Prevention Program



Everyday Canadians are bombarded with information on the negative effects of smoking on their health. They see ads, gruesome photos, commercials, and even anti-smoking legislation changes...so do they get it? When you consider that the majority of smokers start in their teens, clearly teenagers are not getting the message.

In the last few years, Teva has developed various pharmacy related programs and now in combination with Ratiopharm's resources, we are pleased to continue bringing innovative community programs to pharmacy. Previous programs, Operation WASHUP and Operation Allergies, have been designed to help pharmacists interact with patients in their communities through educating young children on proper hand washing techniques and allergies. In-line with these successful programs, further research into teens and smoking has led to the development of Teva's third community seminar program, Operation Butt Out. This program is geared towards an older demographic of children between the ages of 10 and 12 when peer pressure to start smoking first arises. The goal is to help them gain knowledge and an understanding about the harmful effects of smoking in the hope that they will say no to their first cigarette.

After all, who would be better suited to educate teens about a harmful drug than a pharmacist?

Operation Butt Out includes an interactive video, a presentation script, and a demonstration of APRIL[®] age software, which dramatically changes an image of a patient's face as he/she ages as a smoker compared to that of a non-smoker. The incorporation of visual effects and various other tools in the presentation helps the presenter convey important information in an effective and engaging manner.

Over the years, CAPSI has contributed to the success of these programs by providing pharmacy students an opportunity to reach out and educate young students in their communities and promote the profession of pharmacy. Teva is looking forward to continuing its strong relationship with CAPSI as it launches the new smoking prevention program in the coming months.

If you are interested in getting involved please contact your local CAPSI representative.

Raya Palatnic, B.Sc. Phm, R.Ph
Professional Services Associate
Teva Canada

Student Perspective

A Path With No Obstacles Leads Nowhere

An account of the application process into pharmacy

BY: JEFFERY LIU, UNIVERSITY OF TORONTO

I was filled with feelings of pride and achievement when I saw the word “Congratulations” on the decision result. Moreover, I had won a long and arduous battle that started during the second year of my undergraduate career. The application process into pharmacy spanned two years, and if I were to describe my experience in one word, it would be “trial”.

My quest into pharmacy began with a humiliating defeat when I wrote the University of Toronto Pharmacy Admissions Test (UTPAT) for the 2008 cycle, which was its last year of use before being replaced by the Pharmacy College Admissions Test (PCAT). As I recall, the UTPAT featured a personality/aptitude test, IQ test and a writing task. In contrast to my poor performance in first year and apathetic attitude during high school, I had been doing exceptionally well in my second year courses. As a result, I had become overly confident of my abilities and was not compelled to prepare in anyway. Unfortunately when I wrote the UTPAT of March 2008, I realized that I had been unable to recognize my weaknesses in brainstorming and writing, both of which were required for the UTPAT. Writing the UTPAT disillusioned my perceived abilities; I left the written section blank because I could not think of anything to write for the given prompt.

During the summer of 2008, I planned to write the PCAT to meet the changing admission requirements, but a lack of resolve to improve resulted in wasted time and resources. Much to my dismay, the PCAT presented not one, but two writing tasks. After the UTPAT, one might expect I would begin to practice brainstorming and writing, but I remained complacent thinking the problem would correct itself spontaneously. Also, any attempt at writing was enough to remind me of the traumatic experience that was the UTPAT. I still wrote the PCAT that summer, but voided my test score because yet again, I had left one of the written tasks blank. After the test, my father suggested that I keep up with the news to increase my awareness of social issues, which would help me in brainstorming and prevent blank written sections. Thus, for the coming third year of university I resolved to read newspapers to keep track of political and social issues.

In my third year of university, I learned that sometimes I would need help from others. I adhered to my resolution of reading the news and I also met a friend with a similar interest that I could share and discuss articles with. This allowed me to apply the knowledge that I gained through readings into conversations. I also registered for a Children's

Literature course during the summer of 2009, which required me to write essays. I was fortunate to have another friend who offered to edit my essays and taught me how to write coherently. With the lessons and experience my friends gave me, I felt confident enough to confront my problem and start practicing writing tasks in preparation for the PCAT of August 2009.

Writing the PCAT a second time was a different experience, as compared to the first. I knew my strengths, but now I was also aware of my flaws, which prevented arrogance from consuming me. I wrote with certainty in my words, but expected an average score. Additionally, I brainstormed ideas with relative ease and the fear of a blank written section was non-existent. I walked out of the test with a sense of relief and did not expect to encounter the PCAT again.

I was rewarded for my hard work when I was invited to the final round of screening: interviews, but I recognized it would also be a test of my suitability for the pharmacy profession. After looking at some sample interview questions, I realized my approach to making decisions would have to change. Originally, I would choose one viewpoint and ignore all others

CONTINUED ON PAGE 35

CONTINUED FROM PAGE 34

which resulted in unreasonable and extreme arguments. Further research into the pharmacy profession made me realize I would have to consider multiple perspectives. Since the idea seemed like a reasonable way to conduct oneself, I proceeded to adopt this new mentality.

I practiced by brainstorming as many perspectives as I could with ethical dilemmas and controversial issues found on the Internet. Even though I was determined to change, it was a frustrating process because I was essentially changing a part of my personality. I also did not feel this new philosophy could be fully assimilated in time for my interview in March. That being said, I did not falter and persisted regardless of my fears.

The Multiple Mini Interview was an assessment of everything I had prepared for. It demanded the ability to think creatively on the spot, consider multiple perspectives, and tested my suitability for pharmacy. At the same time, however, the barrage of questions I had to endure was physically and emotionally draining. In fact, I started rambling for one of the questions, apologized for not saying anything meaningful and took a break for a few minutes to gather my thoughts. Other times, my mind drifted while reading the prompt and read the same word over and over. Even when I felt some of my answers were still a little extreme, I could not dwell and had to press on. Despite the difficulties I encountered, I enjoyed the challenge of performing under

pressure and thinking on my feet.

The struggle that lasted through two of my undergraduate years awakened qualities within me that I never knew about - a drive to succeed, the ability to adapt as needed, the resolution to improve myself, enjoyment in challenges and a sense of humility. I encountered obstacles as I prepared for tests and interviews, each one requiring more commitment to overcome than the last. Thus, the application process also made me seriously consider whether pharmacy was something I truly wanted. My persistence throughout my undergraduate years reflects my dedication and drive. I hope that my career in pharmacy will continue to teach me valuable life lessons as I learn what it means to be in this profession. ■

Thinking about independent pharmacy?



Consider joining Pharmasave, Canada's largest group of independent pharmacies. Pharmasave offers the following advantages:

- A community-focused practice
- The freedom to be an independent pharmacist
- The flexibility to tailor your practice around your community's needs

Pharmasave is looking for you to be a part of our team. Contact us today or go to www.pharmasave.com to find out how.

BC
Ken Foreman, B.Sc. (Pharm), RPh.
kforeman@pharmasavebc.ca

AB
Byron Bergh, BSc.Ph
bbergh@ab.pharmasave.ca

MB & SK
Paul Melnyk, BSP, M.Sc. Pharm.
pmelnky@sk.pharmasave.ca

ON
Billy B. Cheung, B.Sc.Ph., R.Ph.
info@on.pharmasave.ca

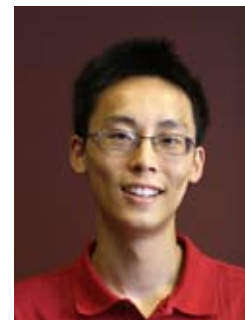
NS, NB, PE, NL
Rose Dipchand, B.Sc. Chem, B.Sc. Pharm.
pharmacy@atl.pharmasave.ca

PHARMASAVE®

Student Perspective

An Unexpected, Unplanned Internship with CSHP

BY: CHARLES AU, UNIVERSITY OF BRITISH COLUMBIA



Carl Sandburg, a dynamic American poet and writer, once said, “Nearly all the best things that came to me in life have been unexpected, unplanned by me.” This perfectly describes my internship with CSHP as a third-year pharmacy student at the University of British Columbia (UBC). Having planned to work the summer in retail pharmacy, I received the internship offer in mid-June and by early July, I was in Ottawa under the blanket of a sweltering heat wave.

Having had little experience with either office work or hospital pharmacy, I was thrown right into the fire, with the “honour” of being the only male in the CSHP National office. I learned by jumping directly into meetings and teleconferences with staff, the ADAPT initiative (www.pharmacists.ca/ADAPT), the Blueprint for Pharmacy Steering Committee (www.blueprintforpharmacy.ca), the Editorial Board of the Canadian Journal of Hospital Pharmacy, and the Canadian Hospital Pharmacy Residency Board. I helped with background research for the Council meetings and organization for the Summer Educational Sessions (SES 2010). With Cathy Lyder, our Coordinator of Membership and Professional Affairs, I worked to cross-map

our Official Publications (http://www.cshp.ca/productsServices/officialPublications/subject_e.asp) with the Basel Statements on the future of hospital pharmacy of the International Pharmaceutical Federation (<http://www.fip.org/globalconf>) and contributed to ongoing revision of some Official Publications. Drawing on my involvement with student affairs at UBC, I also offered suggestions for the “Student Corner” Web page under development, in order to encourage more students to become CSHP members.

In addition to being immersed in current issues that face hospital pharmacy and the Society, I had other learning opportunities outside the office. I was fortunate to visit the Children’s Hospital of Eastern Ontario, the Ottawa Hospital – General Campus, the Canadian Agency for Drugs and Technologies in Health, and the Canadian Pharmacists Association. At SES 2010 in Halifax, the highlight of my internship, I participated in the preceding Executive and Council meetings, attended the educational sessions, and met delegates and residents from across the country! The conference was a great way for me to learn “from the horse’s mouth” about the direction and scope of many issues, including pharmacy technician regulation, curricular

and experiential training changes, and the tight hospital budgets that make it challenging for pharmacists to attend continuing education events or volunteer for the Society. This year was also when we started developing the new CSHP strategic plan for the years 2011 to 2014, and it was exciting to contribute to the Society’s upcoming new vision and strategic directions!

After spending two all-too-short months with CSHP, I have had what could be described as a “panoramic snapshot” of the current scope of hospital pharmacy practice across the nation, the directions in which we seek to progress, and the role of the Society in empowering our profession. I am inspired by the dedication of all the pharmacists I met, who volunteer their time (some even using their vacation days!) in order to contribute to and realize our shared vision. None of this would have been possible without the enthusiastic support I received from Myrella Roy (Executive Director), Cathy Lyder, CSHP office staff, the CSHP Council, and my friends and family. It has been an honour to work with the fabulous people at CSHP, and I hope to follow the footsteps of my new role models and to give back to the profession in the near future! ■

Canadian Society of Hospital Pharmacists

CSHP Corner

The Canadian Society of Hospital Pharmacists (CSHP) is the national voice of pharmacists committed to the advancement of safe, effective medication use and patient care in hospitals and related health care settings. The role of the National Student Delegate is to represent all CSHP student members from across the country on CSHP council.

The Pharmacist-in-Training Pharmacy Specialty Network (PSN) has been busy with discussions regarding hospital pharmacy residency – why is it important, why are you applying and application tips. New discussion postings will be updated soon. In addition, CSHP 2015 held a Video competition (deadline November 6) to increase awareness and interest in the 2015 initiative.

It is never too early to be thinking about summer employment. CSHP is seeking an enthusiastic pharmacy student to provide support to CSHP members and to advocate for hospital pharmacy during the summer of 2011. This position is open

to all undergraduate pharmacy students who are members of both CSHP and CAPSI. It is a great opportunity to meet and work with hospital pharmacy leaders from across the country. The application deadline is December 6, 2010. For more information see the CSHP website (www.cshp.ca)

Upcoming CSHP events include the Professional Practice Conference happening January 29 – February 2, 2011 at the Sheraton Centre in Toronto. PPC is the largest pharmacy conference in Canada! Some of the sessions include a Joint Global Health/Pharmacist-in-Training PSN, Pharmacy Issues and Controversies Forum and motivational speaker Stephen Lewis. Also, there will be a Career Opportunities Evening which is open to students looking for summer employment. Early bird deadline is December 17, so register today!

If you have any questions about CSHP, about joining the Pharmacist-in-Training PSN please feel free to contact me at anna.huisman@utoronto.ca

Anna Huisman

Anna Huisman, BSc Phm.
National Student Delegate, 2009-2011
Canadian Society of Hospital Pharmacists



Pharmacy Intern Stagiaire en pharmacie

*Vision 2011: • A dynamic Society • The influential voice for hospital pharmacy
• Inspiring practice excellence • Fostering leadership and professional growth*

The Canadian Society of Hospital Pharmacists (CSHP) is the national voice of pharmacists committed to the advancement of safe, effective medication use and patient care in hospitals and related health care settings.

CSHP supports its members through advocacy, education, information sharing, development of standards, facilitation of research and recognition of excellence.

CSHP is seeking an enthusiastic pharmacy student to provide support to CSHP members and to advocate for hospital pharmacy during 12 to 16 weeks in the 2011 summer. The full job description for this position is posted on [CSHP's website](#).

As an ideal candidate for this position, you are currently enrolled in an accredited Canadian undergraduate pharmacy program, are considering a career in hospital pharmacy practice, and are a member of CSHP and the Canadian Association of Pharmacy Students and Interns. Your excellent communication and interpersonal skills are key as you network with CSHP members and volunteers. Fluency in both official languages would be considered an asset. A relocation allowance will be considered upon request.

Interested individuals should apply in writing before **December 6, 2010**. Please direct enquiries and send cover letter and curriculum vitae to the Operations Manager.

*Vision 2011: • Une Société dynamique • La voix influente de la pharmacie hospitalière
• Une inspiration pour l'excellence de la pratique • Une source de leadership et de perfectionnement*

La Société canadienne des pharmaciens d'hôpitaux (SCPH) est la voix nationale des pharmaciens engagés à l'avancement de l'utilisation sécuritaire et efficace des médicaments, et des soins aux patients dans les établissements de santé.

La SCPH apporte un soutien à ses membres au moyen de la représentation, de la formation, du partage de l'information, de l'élaboration de normes, de l'appui à la recherche et de la reconnaissance de l'excellence.

La SCPH recherche un étudiant en pharmacie enthousiaste pour fournir du soutien aux membres de la SCPH et pour faire valoir la pharmacie hospitalière durant 12 à 16 semaines à l'été 2011. La description de tâches complète pour ce poste est affichée sur le [site Web de la SCPH](#).

Le candidat idéal pour ce poste est actuellement inscrit à un programme en pharmacie canadien agréé, considère l'exercice de la pharmacie hospitalière comme carrière et est membre de la SCPH et de l'Association canadienne des étudiants et internes en pharmacie. D'excellentes aptitudes interpersonnelles et de communication sont essentielles pour réseauter avec les membres et les volontaires de la SCPH. L'aisance dans les deux langues officielles sera considérée comme un atout. Une prime de relogement sera considérée sur demande.

Les personnes intéressées doivent poser leur candidature par écrit avant le **6 décembre 2010**. Veuillez soumettre toutes questions et faire parvenir votre lettre d'accompagnement et votre curriculum vitae à la Gérante des opérations.

Laurie Frid

Operations Manager/Gérante des opérations

Canadian Society of Hospital Pharmacists/Société canadienne des pharmaciens d'hôpitaux

30 impasse Concourse Gate, Unit/unité 3

Ottawa, ON K1V 0Y3

Tel: (613) 736-9733, ext./poste 226; Fax: (613) 736-5660; E-mail: lfrid@cshp.ca

Sponsor Message



ax/iz financial solutions
strategic - unique - proven

Rx For Your Good Financial Health

BY: MARTIN MARETZKI, RHU - PRESIDENT AX/IZ FINANCIAL SOLUTIONS INC.

It can be hard to swallow...

And it could be life's bitter pill...

But paying a small monthly fee to protect a large monthly income can be the best preventative medicine that I can dispense to you.

What am I talking about, using these cheesy metaphors?

Well, I'm referring to Disability Insurance.

"Disability Insurance?? But I'm Not Even EARNING an INCOME?"

True, but very shortly you will be earning a substantial income and when you think about it, you are the proverbial Goose (you) laying the GOLDEN EGGS (working making money). If the Goose (you) gets sick or injured and can't lay anymore eggs (money)....then how will that impact your lifestyle? Where will the money come from? You need to find a replacement income to take care of your standard of living if you can't work due to any INJURY or SICKNESS. And even though you are not earning an income in your profession now, does not preclude you from acquiring this form of coverage in your last year of school.

What the heck is Disability Insurance and why do I need it? And why do I need it NOW?

PEBC's,
OSCI's,
FIND A JOB,
INTERNSHIP...
STUDENT LOANS...
MAKING MONEY.....

Yes, these are all priorities which are on the horizon. They may be causing you some anxiety and thinking about disability insurance is probably the furthest thing from you're your mind...but it shouldn't be.

Your chances of becoming disabled are much greater than you think.

Did you know that 1 in 3 individuals will suffer a long term disability lasting longer than 90 days before they reach age 65? Comparing this to the fact that in any given year 1 in 20 individuals will die, you can appreciate that at this stage in your career, disability insurance is one of the most important financial products you should purchase.

Considering that a young professional has tremendous earning power, a long term disability could leave a pharmacist financially devastated. That is why a properly structure disability insurance program will provide you with the necessary income to maintain your above average standard of living.

There is a "Randomness of Health" that we cannot control.... Take for example, Lance Armstrong, Mario Lemieux, Christina Applegate, Michael J. Fox, Christopher Reeve, Patrick Swayze. All of these individuals, healthy and young yet stricken with illness or injury. Did they expect this? NO. Where they healthy individuals at some point? YES. Did their sickness/injury impact their lifestyle? Likely. What about you?

Most of us are not fabulously wealthy like these individuals and we need to work to maintain our lifestyle. A sickness or injury will impact this.

A Disability Insurance policy will be your safety net if you fall. It will protect you from being financially devastated. A well designed disability insurance policy will pay you a MONTHLY tax free benefit to age 65 if you cannot work due to any injury or sickness simple as that. Think about your future income between now and age 65. Assuming an average Pharmacist's Salary and a 30 year working career...your total income

will be in the multiple MILLIONS!.... but not if you are disabled.

Your 'safety net' will guarantee your income when there are no guarantees of your future health, and when there are no guarantees of your future income earning ability.

As a new Pharmacist Graduate, you have the benefit of acquiring the best available coverage at the best available price in your last year of school. The younger you are when you purchase this form of protection, the less expensive it is. Furthermore, you can "freeze the cost" of this kind of insurance meaning, that once you purchase it, the cost will NEVER increase.

I look forward to giving you an education on this very important financial planning tool as I speak to your Graduating Classes in the coming months. It will be my pleasure to counsel and coach you to your financial security.

CAPSI and ax/iz financial solutions have partnered to bring a meaningful program at discounted rates for all the 4th year Pharmacy Graduates. Our team will share these details during these upcoming sessions.

Look forward to future articles and remember, your GREATEST ASSET is not what you have but what GIVES YOU the things you will have....that is YOU!

Don't neglect to insure this important and most valuable asset.

Martin Maretzki, RHU is the President of ax/iz financial solutions. He works specifically with Healthcare Professionals across Canada, prescribing solutions for their good financial health. Martin, his wife Janice (also a Pharmacist) and their 4 children reside in Hamilton, Ontario. He can be reached at 1 877 522-7394 or martin@axizfinancial.com

Letter to the Editor

Re: “Vaccine-Nation” by Zenah Alisha Surani (Spring 2010)

BY: CHARLES AU, UNIVERSITY OF BRITISH COLUMBIA

I read with interest Ms. Surani's article “Vaccine-Nation,” published in the Spring 2010 issue.¹ Ms. Surani acknowledges the importance of vaccinations in public health, but highlighted some safety concerns of Gardasil (quadrivalent HPV vaccine, types 6, 11, 16, and 18, Merck), recent vaccine stockpiling practices by national governments, and how pharmaceutical companies are capitalizing on our “culture of... fear” of vaccine-preventable diseases in order to ensure their own profitability. I am disappointed that Ms. Surani seeks to share her negative attitude towards “Big Pharma” by suggesting that Canadians are over-vaccinated and by using (only) third-party references of questionable quality.

It is estimated that annually in Canada, HPV causes 450 deaths, 1,100 cases of cervical cancer, 36,000 cases of genital warts, and 230,000 cases of cervical intraepithelial neoplasm (CIN), of which 23% are Grade 2 or 3.² However, as the risk of developing cervical cancer is small given regular screening,³ and as a recent study summarizing voluntary-report ADR (adverse drug reaction) data for Gardasil revealed some serious events and an ADR rate of 53.9 per 100,000 distributed doses,⁴ Ms. Surani writes that the increasing use of Gardasil is merely “clever marketing” and should be concerning.

Slade *et al.*,⁴ the authors of the ADR study Ms. Surani indirectly referred to, are quick to point out its limitations. There is possible under-reporting of adverse events, but the reported rates of ADRs associated with Gardasil were lower than the background rates associated with other vaccines (or in the general population) for most ADR categories.⁴ Syncope and VTE (venous thromboembolism) rates were higher than expected background rates, but Slade *et al.* note that young girls are more prone to vasovagal syncope reactions to vaccinations, and that 90% of the VTE reports occurred in females with at least one major risk factor for VTE, such as hormonal contraceptive use.⁴

While questions (necessarily) remain regarding the long-term effectiveness of Gardasil, the vaccine is demonstratively efficacious at decreasing HPV infection and CIN incidence in females 9-26 years of age.⁵ There is also new, exciting evidence that Gardasil may provide cross-protection for *other* HPV serotypes⁶ and decrease the risk of cervical lesion *recurrence* after excisional therapy.⁷ It is clear that while the risks and benefits of HPV vaccination must be openly discussed, we should offer this potentially lifesaving intervention to all eligible patients and not dismiss Gardasil as a marketing scheme.

Ms. Surani also suggests that regarding the GlaxoSmithKline

(GSK) H1N1 vaccine, the Canadian government was “driven by fear” and excessively stockpiled the vaccine. Recent press has also highlighted the wastage of many H1N1 vaccine doses as a result of tightened expiry dating.⁸ However, the low vaccination rate and GSK's profit margin notwithstanding, a recent Ontario cost-effectiveness model demonstrated that the 2009 influenza mass immunization program in that province prevented 52 deaths and 427 hospitalizations, and was highly cost-effective by WHO standards.⁹

In summary, while Ms. Surani's attempt to draw attention to the role of the pharmaceutical industry in mainstream vaccination implementation in Canada is laudable, we should avoid potentially inflammatory remarks for the sake of a good read. There is certainly compelling evidence that small favours and representative visits by pharmaceutical industry can influence prescribing habits and attitudes.^{10,11} As future pharmacists, we should seek to provide the best care for our patients, and avoid undue positive or negative prejudices towards drugs merely because they are manufactured and promoted by a pharmaceutical company. ■

The author declares no conflicts of interest.

For references, please see APPENDIX available at <http://capsil.capsil.ca>