

Class of '55 puts its own stamp on pharmacy history

The University of Alberta's faculty of pharmacy class of 1955 created its own postage stamp this spring in recognition of the years of industry and achievement by classmates.

The stamp is the brainchild of classmate Bob Edgar, a former president of the University of Alberta students' union, who originally designed a letterhead to use for class reunions. The key figure in the letterhead was a large, stylized Rx 55 which is now a key component of the stamp. The colours for the stamp are the University of Alberta colours of evergreen and gold with the letters in evergreen and the background in gold.

Over the years, members of the class of '55 have become very active within and beyond their communities, filling roles in the following capacities: on school and

hospital boards; as mayors and municipal councilors; as ministers in the Alberta government; as senior members of the provincial civil service; as councillors and president of the Alberta and Canadian Pharmaceutical Associations; and as volunteers in countries overseas. Two classmates went on to receive their PhDs and were professors at universities in the United States.

Bob Dowling, a classmate and former Alberta minister of tourism, said he's not sure how the class of '55 compares with grad classes today. "I'm certain, however, that we did many things that present day students do, and probably not as well except, of course, the partying," said Dowling.

"We held an annual "Bromo Ball" so named after Bromo Seltzer of the day after fame. We also won the prize for best float in the Grey Cup parade, and participated in a snake dance," added



Dowling. The snake dance involved hundreds of students who, hand-in-hand, wound from the University, through the Garneau theatre, across the High Level Bridge, down Jasper Avenue, and breaking up on 101 Street.

"The practice was soon outlawed for being too disruptive to traffic -- we were fortunate to have been part of one of the great years still able to participate in this memorable event," he added.

According to classmate Lynn Holroyd, a retired pharmacist who ran a pharmacy in Grande Prairie with his wife Marian from 1958 to 1989, the class of '55 was very unique in many ways. "We were a close-knit group of 45 classmates that kept in touch over the years," said Holroyd.

50th reunion was held in Jasper in June 2005. The class of '55 was honored to have in attendance at this reunion Dr. Bernard Riedel and his wife Della from Vancouver, Mrs. Grace Murray from Winnipeg, and Mrs. Pat Anderson from Edmonton.

Following that reunion, the class of '55 fund raised for a University of Alberta pharmacy student bursary. The proposal was announced at the 50th Reunion and an appeal letter was sent a month later. The target goal was \$12,500 and, in three months, the class of '55 had raised \$18,500!

Kudos to the class of '55 for establishing a place in pharmacy history, and then putting their own stamp on it!

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50th anniversary reunion in Jasper, pharmacy class of '55 (l-r): Standing – Keith Pringle, Jim Balkwill, Terry Nebnychuk, Dr. Max Nimeck, Lynn Holroyd, Bernie Dlin, Peter Miskey, Carl Sobolewski, Dale Hunter, Orvall Roer, Dr. Ken Moore, Bob Edgar. Sitting – Ken Hill, Wilf Tiedeman, Maurice Galarneau, Eli Ambrosie, Dr. Bernard Riedel, Don Warne, Bob Dowling, Bob Clifton, Iris Farries. Attended reunion but not in photo: June Tyler, Cliff Wright

RxA hosts future pharmacists at grad barbecue

RxA hosted for the first time ever the year-end barbecue for graduates of the faculty of pharmacy and pharmaceutical sciences at the University of Alberta.



U of A pharmacy grads enjoy RxA-hosted barbecue luncheon.

The barbecue took place in and around the university's Faculty Club on May 24. According to the University of Alberta's Terry Legaarden, the event has evolved from a "faculty flipping farewell" (hamburgers) on the front lawn to an event and venue less dependant on the weather.

Immediately following the second and final day of the national PEBC examinations, the entire graduating class of 120 students, along with faculty members, had an opportunity to unwind and mingle and meet RxA representatives.

RxA CEO Barry Cavanaugh was on hand and President Trudy Holzmann gave an inspirational speech about the benefits of joining a progressive professional association such as RxA. We expect to see those fresh, young faces in their new roles as pharmacists and, potentially, as first-time RxA members in the coming months.



Meet the future of pharmacy! U of A's 120 graduates of the faculty of pharmacy and pharmaceutical sciences program.

President's Message



Trudy Holzmann –
president, Alberta
Pharmacists'
Association (RxA)

Looking back, looking forward

This will be my final column as president of our professional association, and it's a good opportunity to take stock of RxA: where we've come from and where we will yet go.

I joined the first board of directors before the organization was even incorporated, and before we had any staff or offices. That was only six years ago, after the Alberta Pharmaceutical Association (APhA) had adopted the recommendations of the steering committee that it should split into a regulatory body, the Alberta College of Pharmacists (ACP), and a professional advocacy body which could negotiate for pharmacy, the Alberta Pharmacists' Association (RxA).

Following a year spent organizing, planning broad policy, and preparing a strategic plan, we engaged our first CEO, Barry Cavanaugh, and together we set about building a professional organization to truly serve and advance the needs and interests of pharmacists in Alberta.

Six years later, I am more convinced than ever that RxA's leadership and advocacy are critical to every pharmacist, that every pharmacist should take part, and that we have reached the goals we set, and even exceeded them.

RxA has become a genuine national leader among pharmacy professional associations, and an effective voice in the halls of government. RxA has a reputation for being creative, innovative, and energetic.

Consider our success in getting the federal government to make changes to the definitions under the Income Tax Act,

making tax payment for pharmacist clinical services tax-deductible and, therefore, included in third party benefit plans.

RxA pioneered the development of the Clinical Services Guidelines program, the first program in Canada to enable pharmacists to develop clinical services within their practices. It has been licensed to and adopted by a number of other provincial pharmacist associations.

Working in collaboration with ACP, RxA established prescriptive authority and enabled "new" approaches to practice.

RxA is also credited for the most extensive and effective direct continuing education (CE) program in the country, and for negotiating with government the only funding program to support CEs for pharmacists in Canada -- this, in itself, is a value nearly equal to the cost of membership.

RxA founded an insurance program which provides the absolute best protection at the lowest cost.

RxA also offers an information clearinghouse for pharmacists through our communications vehicles and website.

Among its many successful negotiations, RxA has achieved:

- some \$4 million in funding support from government for pharmacist participation in the electronic health records project;
- a charter of professional rights for pharmacists;
- Alberta Blue Cross agreement resulting in the first major increases in dispensing fees in many years -- an agreement which has led directly to the prosperity pharmacy now enjoys.

The Alberta government's May 31 announcement about the new scope of practice for pharmacists, including prescribing authority, is a clear

demonstration of RxA's effectiveness as an advocacy organization. We worked to shape those regulations meaningfully and to get them enacted. Now we'll be working to ensure -- through our CE program and our respective negotiations -- that pharmacists are well-equipped and well-compensated to fulfill their new roles.

We must remember that none of what we've accomplished would have happened without the commitment of individual pharmacists, and RxA working to support them.

The pharmacy profession in Alberta would be a very different profession today with a different outlook for tomorrow had your professional association not been pursuing its agenda, demanding better and expecting results.

If your profession means anything to you, it's important to belong to RxA -- not just with your membership dues, but with your time and your passion. Imagine what we can hope to look back on six years from now if we continue to stand together and make a difference?

And finally, I would like to take this opportunity to thank everyone who has supported me in my work as president: the RxA board of directors; my husband, Bill Olsson, and my son, Erik; my employer and pharmacy staff at Calgary Co-op, especially Ron Lane; RxA's dedicated and capable staff; Barry Cavanaugh; and, most importantly, each of you who made a commitment to support RxA.

CEO Report ...



Barry Cavanaugh –
CEO, Alberta
Pharmacists'
Association (RxA)

Why BOTHER?

The most challenging problem facing the pharmacy profession in these times is widespread disinterest, apathy -- a sense that it's not worth the bother.

Being a pharmacist has seemingly become more a job than a profession, and employers or banners have replaced the need for associations. It's more about money than pharmacy.

Does that sound shocking? Good!

The truth is, none of what I've said is true. You've heard it all before -- and perhaps expressed it yourselves; but I don't really believe it for a minute! If I believed that, I couldn't do what I do at RxA. It really would be a matter of "why bother?"

We do what we do at RxA precisely because none of that hooey is true! We do what we do for pharmacists and pharmacy because we believe in this profession, and because we know that you do, too.

RxA is without a doubt the most progressive and innovative organization serving pharmacists and pharmacy in Alberta. We spend our every day in building and supporting a community of professionals -- of people who really take an interest in their profession and really care about their patients. That community of professionals advances the profession of pharmacy to governments, to the other health care providers, and to the people.

Over the past five years, you've seen what the Alberta Pharmacists' Association can do. We have become a national leader in professional associations. We have negotiated pharmacy contracts that have considerably increased prosperity in the profession and the industry. We have moved the future of pharmacy practice forward dramatically. We have supported pharmacists in their education, in their workplaces, in their personal lives.

RxA is building a strong, innovative future for the profession, but it is only a strong, supportive membership base which enables that. A professional association independent of anything but its members' interests is a powerful force for those interests. A professional community which is implementing change, taking leadership, and advancing progress for its members is a voice which will be heard by industry, by governments, and by the public. Only such an organization can transform pharmacy practice into what you want it to be.

Pharmacists recognize that such influence, advocacy and representation requires resources; they recognize that standing together is the only way professions achieve their goals. Pharmacists recognize that RxA is the only organization that exists exclusively to represent and serve their interests.

RxA is a reason to bother: it respects and advances your professional values and honours your passion for pharmacy. Take a stand, and take an interest! Be an active RxA member.

Major schizophrenia study leaves unanswered questions

By Mark Snaterse,
Capital Health

To answer the question of antipsychotic superiority, the psychiatric world has been waiting for the results of a large, multi-arm study fully funded by the US National Institute of Mental Health. The results of this study have now been published. However, it has surprisingly failed to shed light on the issue.

The multi-million dollar CATIE trial was a double-blind, randomized five-arm study involving 1,460 patients and 57 sites across the United States. Patients with schizophrenia were randomized to receive one of five possible oral antipsychotics: olanzapine; risperidone; quetiapine; ziprasidone (not available in Canada); or the first-generation agent perphenazine.

Somewhat controversially, the primary outcome that the investigators chose to measure was the time it took for the patient to discontinue the assigned antipsychotic for any reason. Secondary outcomes included the reason for discontinuation, re-hospitalization rates and several psychometric rating scales.

The largest strength of the study was that it was independent of industry sponsorship. Other strengths included the 18-month duration, the large number of patients enrolled, and the comprehensive treatment comparisons.

Considering the anticipation surrounding the study, the results were disappointing and open to interpretation. Overall, 1,061 of the 1,460 patients (74 per cent) discontinued their treatment before 18 months.

Statistically, patients randomized to receive olanzapine took longer to discontinue their antipsychotic than patients receiving risperidone or quetiapine. The overall dropout rate was so high that secondary measures of psychopathology and readmission rates could not be compared.

With regards to tolerability, the findings were consistent with current knowledge: olanzapine was associated with significantly more metabolic consequences (weight gain, hyperglycemia, hypercholesterolemia); and perphenazine induced more adverse neurological effects (parkinsonism, dystonia, akathisia).

There were several methodological weaknesses within the study that contributed to the lack of clarity. While the doses permitted in the study were largely within standard practice and monograph guidelines, the dose of the olanzapine arm was significantly higher. In fact, forty per cent of the olanzapine

patients received a dose of 30 mg/day, which far exceeds the monograph limit of 20 mg/day. Another methodological weakness was that 231 patients with pre-existing tardive dyskinesia were excluded from random assignment to perphenazine, and it is unclear what effect this might have had on the final results.

Most interesting are the diverse interpretations of the results. Some have concluded that this study verifies olanzapine as being a superior antipsychotic. The editorial written by Dr. Robert Freedman, alongside the publication in the *New England Journal of Medicine*, concluded that olanzapine should be elevated to the status of clozapine in terms of efficacy: "Thus, the patient with schizophrenia and his or her doctor face difficult choices. Two drugs, olanzapine and clozapine, appear to be more effective than other agents."

Another interpretation, largely adopted and reported by the lay media, is that the current class of second-generation antipsychotics offers no benefit over older and less-expensive traditional agents, such as haloperidol and perphenazine, and should be reconsidered as first-line treatments.

Rather than prove one antipsychotic to be more effective than others, this study has brought focus and attention to the

poor compliance and tolerability that accompany what is considered to be the best treatments currently available. It also brings further support to the argument that pharmacotherapy is insufficient, in itself, and must always be offered alongside adequate psychosocial supports.

Medication compliance continues to be a substantial obstacle in the treatment of schizophrenia and pharmacists are well-positioned to make a difference. There is significant evidence that patient and caregiver education, simplified medication regimens, aids to compliance, and proactive compliance monitoring make a very positive impact on overall adherence and outcomes. The importance of relapse prevention cannot be overstated and pharmacists will continue to play an integral role in the interdisciplinary treatment team in this regard.

Reference

Lieberman JA, et al. *N Eng J Med* 2005;353(12):1209-1223

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A professional association defined



by Greg A. Harding, Q.C., Field Law

A few years ago, I was invited to address incoming students at the University of Alberta's faculty of law on their first day of law school. The invitation stemmed from my own volunteer involvement with the legal realm equivalent of RxA, the Canadian Bar Association.

As I prepared my remarks, I thought back to my own "first day". While, to my disadvantage, much of what I learned at law school routinely escapes me, I can distinctly recall being advised that I was about to embark upon a career as a "professional" -- grades permitting.

So I searched for formal definitions of "profession" and "professional" to assist me with my address to the students. I ended up with the following amalgam, setting out two key prerequisites that qualify a vocation as a profession:

- The first relates to our usual understanding of professionals, namely: "those with professed attainments in special knowledge acquired only after patient study and application" -- to be distinguished, added one dictionary, "from mere skill".

- The second is "the considered application of such knowledge to the affairs of others": it being the combination of knowledge and service to others that gives rise to a real professional (the same combination that, coincidentally, makes being a professional challenging, daunting, taxing, and rewarding).

But there is also a third essential ingredient to the definition: the coming together with one's colleagues to serve the interests of the profession itself, i.e. "professional association".

While it is all too easy to fall prey to cynicism about collegiality (it has been suggested that the difficulty in being a cynic these days is in keeping up with everyone else), this aspect of being a member of a profession remains vital. It is through professional association, and the perspective, contribution, voice, and advocacy that such association brings, that a state of full professionalism is reached.

Hallmarks of such professionalism include: working to benefit colleagues you may never meet or a public you may never know; eschewing parochialism;

taking advantage of your strength in numbers; and giving back to that which has rewarded you.

In performing legal services for RxA, I have been able to witness first-hand the high degree of professionalism that exists amongst Alberta pharmacists.

The briefest survey of RxA activity confirms that you benefit from a powerful advocate; a dedicated board and executive team; skilled leadership; distinguished volunteers and volunteer services; vibrant community spirit; robust member benefits and wellness programs; focused professional development opportunities; and widely promoted public education initiatives.

All of these demonstrate the value of your professional association and the commitment of your association members to true professionalism. Well done!

(Greg is a past-president of the CBA-Alberta Branch and current president of the Canadian Bar Insurance Association, which offers preferred insurance programs to the legal profession. He practices law in Edmonton where he chairs Field Law's general litigation practice group.)



Pharmacy Stamp – cont'd. from page 1

A few historical facts about the University of Alberta faculty of pharmacy and pharmaceutical sciences

The University of Alberta's faculty of pharmacy and pharmaceutical sciences has a long and proud history of achievement. It began as a department in the faculty of medicine on April 13, 1914. Two programs were offered at that time, a one-year licensing diploma (discontinued in 1918) and a two-year PhmB degree.

The department became a school in 1917 under the faculty of arts and sciences. The first graduates of the newly approved bachelor of science in pharmacy degree program obtained their degrees in 1921 (three students). They had the unique distinction of being the first in the British Empire to graduate from a four-year degree program in pharmacy (others at the time were three-year programs).

The school continued to grow and prosper over the next two decades, jurisdiction having been transferred back to the faculty of medicine in 1939. The school was granted faculty status in 1955 and, in 1989-1990, pharmacy became a five-year program (four years in the faculty plus one professional year).

Graduate studies and research have always been strengths of the faculty. Its first PhD graduate was in 1961 with the first PhD degree granted by a school or faculty of pharmacy in Canada. In 1968, in recognition of its flourishing graduate studies program in the pharmaceuticals, the faculty was renamed the faculty of pharmacy and pharmaceutical sciences.

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Pictured left to right: Barry Cavanaugh, RxA CEO; Chris Daniel, chairman, Affinity Market Group, Meloche Monnex; Trudy Holzmann, RxA president.



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Audit Corner



By Cam Johnston, director, professional affairs, RxA

an **inch** versus a **mile**

Increasing drug budgets are perceived as the predominant reason why audits are becoming more aggressive. Third party adjudicators, reacting from pressure by plan sponsors, are increasing their efforts to contain escalating costs.

Unfortunately, tactics such as increasing special authorizations, centralized distribution services, and reference-based pricing create their own challenges and may not always produce sustained results.

Third party adjudicators seem to be turning to retrieving the money they've already spent as a method of cost containment. This option can, and has, led third party adjudicators to become overzealous in their requests for information that may enable them to recapture funds.

RxA has heard that pharmacies have received the following requests for information that may, in the opinion of RxA, be overstepping the rights of an audit.

Percentages of overall business volume

Pharmacies have been asked to provide percentages of their overall business volume. All pharmacies asked for this information should decline and refer the auditor to their provider agreement. Third party adjudicators have no legal right to conduct a full business audit and, until court proceedings provide a precedent, pharmacists should be aware that an auditor's right to request information is not absolute.

Pharmacy invoices

Auditors have requested copies or to view all pharmacy invoices. Again, auditors should be referred to their provider agreement. Auditors may access information relating to claims for their clients ONLY. Pharmacies need only produce the invoices relating to specific claims so auditors can verify a sufficient quantity was obtained to dispense the claims in question.

Access to information

Without proper written documentation, Alberta Blue Cross audits should be limited to plan participants in Groups 1 & 66.

Under the Health Information Act (HIA), Alberta Blue Cross is an affiliate of Alberta Health & Wellness (sponsor for Groups 1 & 66), and, as such, enjoys access to individually identifying information for their clients within the guidelines of that Act.

However, Alberta Blue Cross also represents plan sponsors (such as AHR&E, ASEBP, private plans) that are NOT custodians under the HIA. A plan sponsor that is not a custodian under the HIA does not automatically confer designation to Alberta Blue Cross as an affiliate. These plan sponsors must provide documentation that satisfies the pharmacist that Alberta Blue Cross Provider Audit Services may access a client's individually identifying information.

Concerns surrounding unauthorized requests to access information should be addressed to the Office of the Information and Privacy Commissioner.



A prescription for living **enthusiastically**

Shirley Vandersteen, Ph. D., C. Psych.
consulting psychologist

Most of us remember a time in our youth when we were full of energy and excited to be alive.

Everything was new and fresh and interesting. As we get older, however, our enthusiasm for life can slowly fade. Tragedies occur, we lose our innocence, people disappoint us or maybe we disappoint ourselves, our bodies age, and life seems to get more difficult.

When you live in grayness and misery everyday, you're missing out on the best of what life has to offer. The ultimate secret is to not only be excited when life is good, but also to be able to hang on to this feeling when the going gets hard.

If your excitement for life has slipped away, you can do something about it. You can stimulate your enthusiasm and consciously increase it. Life can be more joyful despite your problems. Here are some ideas to get you going again.

First, realize that you will never have enthusiasm in your life unless you steadily put some in. You cannot draw from a well that is empty. Norman Vincent Peale calls it the "as if" principle. If you are lacking in enthusiasm, act as if you were enthusiastic. You'll be surprised at how

your experience will change. Others will start to respond positively to you, you will feel more energized and, before you know it, you will be enthusiastic about life. If you don't believe me, try it for one whole day.

Second, learn to love and forgive yourself. So much misery is caused by guilt, regret, and low self-esteem. You can't undo the past but you can refuse to let the past ruin the rest of your life. Resolve to be a better person beginning right now, and then put all of your effort into doing so. You can use the "as if" principle here, too. Act as if you are a better person and you soon will be.

Third, set little goals for yourself every day. As you attain one, another one is always beckoning you. Your interest will be sustained and you'll be continually fascinated by watching little goals add up to big ones. Nothing feels better than accomplishing what you've set out to do.

Fourth, quit wasting your energy worrying about the future. Worrying about the future is an excuse that you use to avoid living your life today. Muster up the courage to live in the present. Make today a good day -- don't miss a moment of it because it will be gone in the blink of an eye. Realize that as you pay attention to living well today, you set the stage for living well tomorrow.

Worrying about the future is letting your fear of the future get the best of you. Take care of today and do everything that is yours to do; let tomorrow take care of itself.

This doesn't mean that you neglect to make plans or prepare for the future. It just means that you trust you've done the best you can and then you let it go. Your energy will be spent in action rather than in useless worrying. By living in the present, you not only appreciate what you have; your energy is working for you rather than draining you.

Finally, know that you have everything you need to make your life happy and to live your life passionately. Stop looking for someone or something else to do it for you. Your life is passing by with each moment. In due time, it will be gone. Don't stand there watching -- grab hold of your life and live it completely.



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RxPress is a member benefit published by the Alberta Pharmacists' Association (RxA), four times per year. Views expressed herein do not necessarily reflect those of the association. Contributed material is welcome, but is not guaranteed space and may be edited for brevity, clarity and content.

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Pharmacist takes the cake

Most days, being a pharmacist is challenging and rewarding but, occasionally, it can be a piece of cake.

At least, that's what Denise Kervin proved when she captured the connection between compounding and cake decorating with the production of a PAW week display of a pill counter made entirely out of fondant icing!

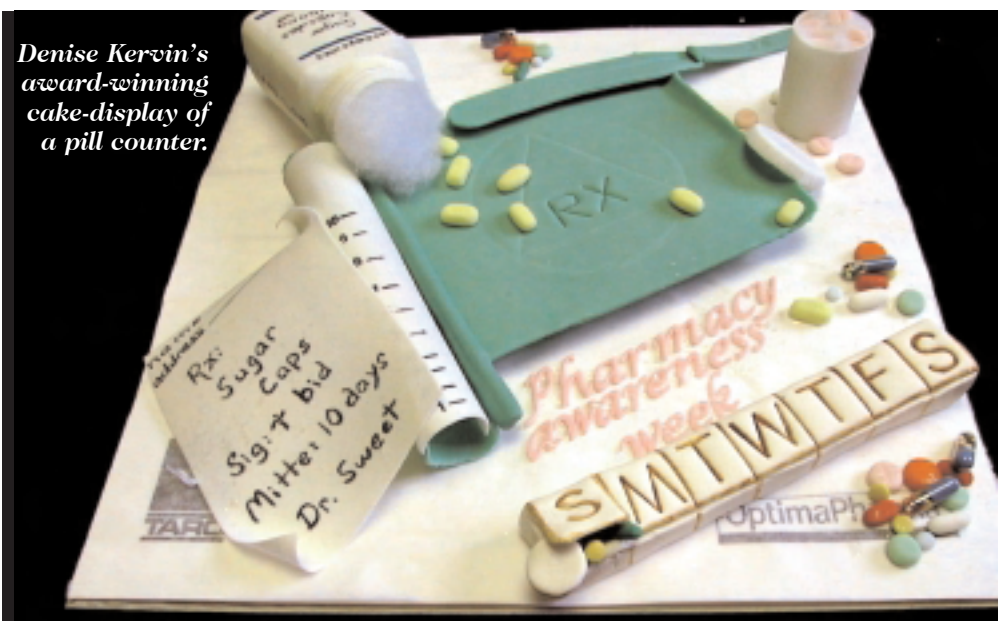
The PAW week display was set up in Alberta Children's Hospital (Calgary) where she worked at the time.

"My display highlighted pharmacy compounding in which I have a keen interest," said Kervin, who now works at Rockyview Hospital.

Kervin had recently completed an American College of Apothecaries certificate course and has known for some time that there is an interesting connection between pharmacy compounding and cake decorating, since she began cake decorating as a hobby before her pharmacy career.

Her display featured some of the ingredients used in making icings for cakes that are also

Denise Kervin's
award-winning
cake-display of
a pill counter.



used in pharmacy compounding (i.e. carboxymethylcellulose, glycerin).

Over the years, Kervin has won a number of ribbons at the Calgary Stampede Western Showcase, including a third place ribbon for the pill counter display. She also won the wedding cakes

category in the First Wilton "Your Take on Cake" competition in 2004, and a gold medal in SAIT's culinary competition for tiered cakes.

She recently learned she was the winner of American Cake Decorating Magazine's first ever "Cake Decorating American Style" – her biggest prize ever!