iGIVE READER | ISSUE 1 | VOLUME 4 | March 2017

iGIVE LIU

GUYANA 2017

Three pharmacy students' unforgettable experience during a one week medical mission trip to Guyana

"What you did today was worth more than silver and gold"

- patient from Sophia

If you've ever wondered if a medical mission trip was something for you, stop wondering and get going!

We hope our adventures inspire you to pick up a plane ticket and *live, learn, love.*

Table of Contents

Page 2	Overview of Guyana
Page 3	Itinerary
Page 4	Daily Flow
Page 5	Inter-professional Care
Page 6	"Thinking Outside the Pillbox"
Page 7	Pamphlets and Surveys
Page 8	Alternative medications and Surveys cont.
Page 9	Reflection
Page 10	Challenges
Page 11-12	Philippines Experience
Page 13	HERO collage
Page 14	Collage
Back Cover	Thank you's and Alumni Spotlight

Meet the team

Ashley John

Favorite trip food: Plantain fries

Favorite Activity: Mountain biking

Hannah Oh

Favorite trip experience: Planting a coconut seed

Favorite activity: Mountain biking

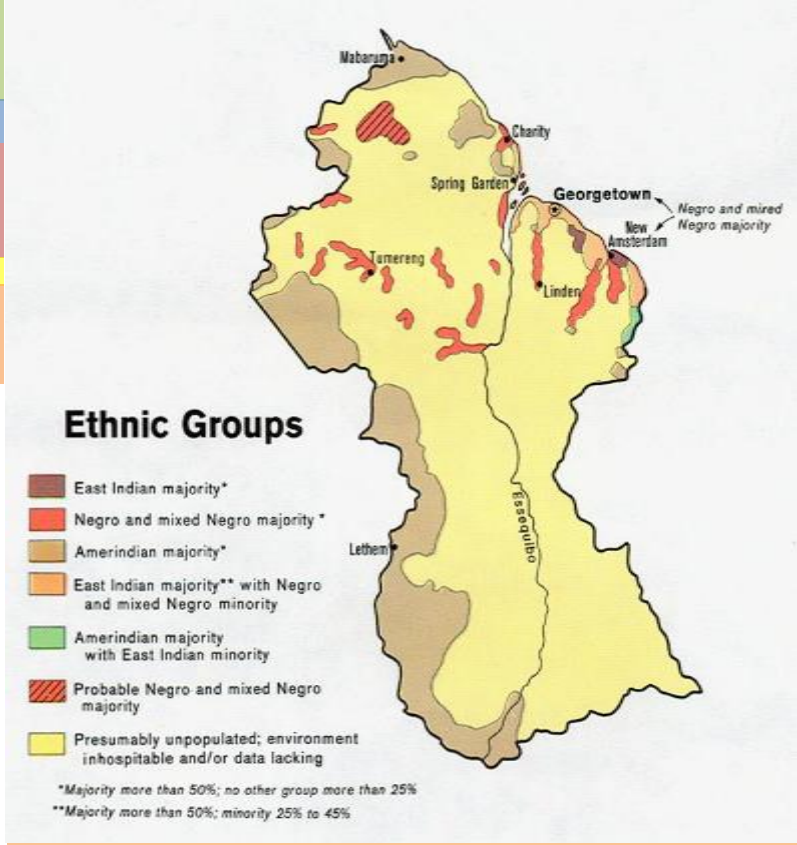
Tavajay Campbell

Favorite meal from the trip: Roti

Favorite Experience: Kayaking

Overview of Guyana

Originally, Guyana was a Dutch colony in the 17th century then later was under British possession. The abolition of slavery led to settlement of urban areas by former slaves. Hence, the country has a multi-racial population.



Estimated Population: 767,000
National Language: English
Natural Resources: Gold, sugar, lumber, and rice

The Ministry of Health is responsible for:

- regulation of health policies and legislation
- accreditation of all health facilities
- identification of human resource needs in the health sector
- development and placement of health personnel.

There are **194** health centers throughout the country that provide mainly preventive, as well as curative and rehabilitative care. There are about **6** private hospitals in its capital and largest city, Georgetown.

Top 5 causes of illness for children 0-4

#1 Acute respiratory infections
#2 Worm infestations
#3 Diarrheal diseases
#4 Scabies
#5 Accidents and injuries

Top 5 causes of death in adults

#1 Ischemic heart disease (IHD)
#2 Stroke
#3 Diabetes
#4 Self-harm

Itinerary Overview

Day 4
115 Patients
Vitamins for everyone!
All-Guyanese

Day 1
170 Patients
Lots of albendazole
Afro -Guyanese

Day 2
127 Patients
Start of STAT drugs
Indo -Guyanese

Day 4
107 Patients
Busiest day
Lots of pediatrics

Day 3
121 Patients
Counseled on inhaler

Day 2
98 Patients
Crushed tablet with spatula to make prednisone

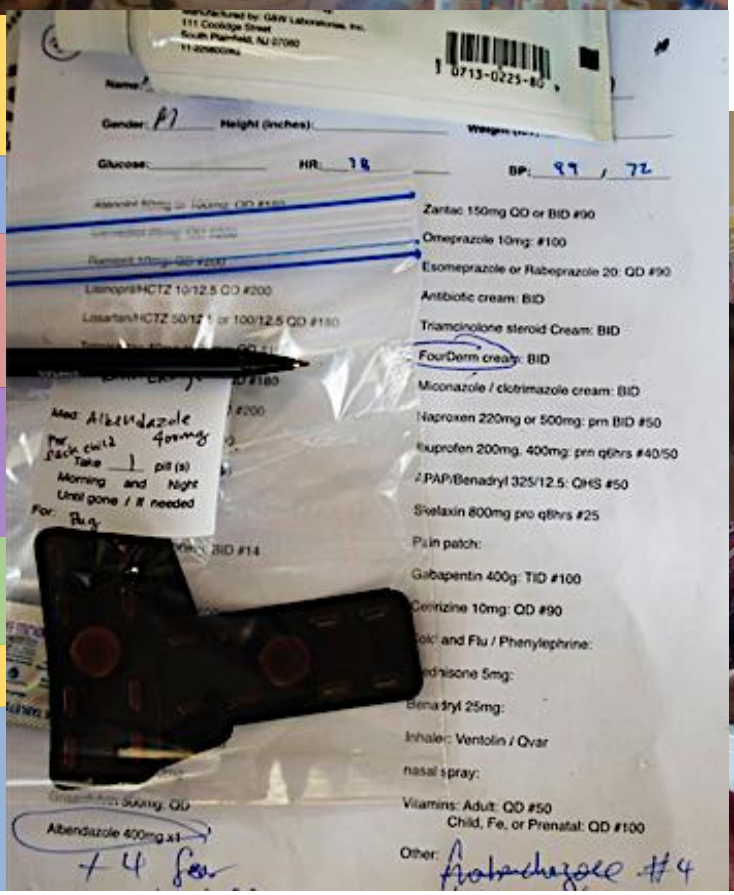
Day 1
Health Fair
Lots of opportunities for health education

Day 3
112 Patients
Farmlands – lots of painkillers
Ameridian tribe

Mocha
Georgetown
Sophia
Lusignan
Laluni
Christianburg
Amelia's Ward
Linden
One Mile Clinic
Georgetown Group
Linden Group
ZUELA
SURINAME

Daily Flow at the Clinic

As patients walked in and registered with the team leader, they were given a number and waited to get their vitals done by the other pre-med students. After triage, patients waited in the waiting area for their turn to see the doctor. This was the part of the process where we would experience the most bottlenecks. If an entire family went in to see the doctor, they may be seen for 30 or more minutes



The doctor will review the patients and will either circle or write out the desired medication for the patient on the form. The form will be given to us as a prescription.

When we finished filling the medication, we would call the patient and counsel them before dispensing it to them.

Inter-professional Experience

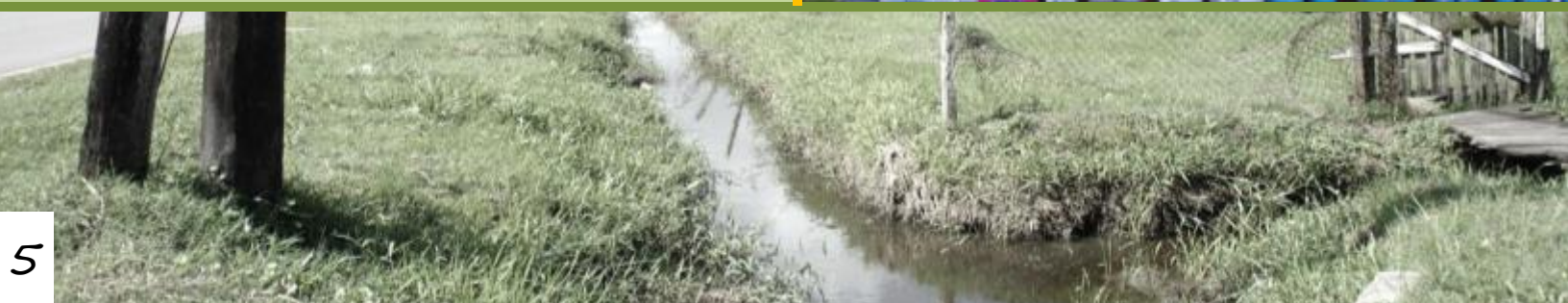
9 MDs, **10** nurses, **2**PAs, **2**FNPs, **3** CRNAs, **11** undergrad students, and the surgical team were all part of this journey.

The surgical team worked on their pre-determined patient cases at the Georgetown hospital where undergrad students rotated to observe. Half of us (non-surgical) worked in Georgetown, and we shared the same floor of a facility for lodging with a common area to eat or relax. Such natural atmosphere set a positive precedent for clinic days.

The way the responsibilities were distributed was very similar to that of the United States. The MDs, NPs, and PAs had their own individual desks where they would see patients, undergrad students triaged patients, and the pharmacy students dispensed medications. **However, the close proximity of all of interactions is what made this experience unique.**

With lack of facilities, we often shared a large empty space of a building to set up a clinic. This allowed providers to often yell across the room asking whether or not we had certain medications, or at most, take 10 steps to ask them a question.

All interactions happened in real-time. Especially on our busiest day when we saw 170 patients from 9am to 5pm, I felt an adrenaline rush as we all worked together to accommodate for all patients in limited time.



Thinking Outside the Pillbox

By Alyssa Poe
Pre-Med Student
Class of 2019
Florida State Univ.

During the trip, I was able to be in the clinics for two days and observe surgeries at the local hospital for two days.

I have wanted to be a cardio-thoracic surgeon since I was in eighth grade so to be able to be in the Operating Room was a dream come true. I was able to observe a wide variety of surgeries; from a radial break from a gunshot wound and partial hip replacement to multiple club foot surgeries and a couple mastectomies. I get this indescribable feeling when I observe certain surgeries that I love, such as open heart surgeries. I did not think I would get this feeling with any other type of surgery, until this trip. Orthopedic surgeries felt like sort of an adrenaline rush. I was always curious of what the surgeon would do next!

One of the PA's that came on the trip said something to us before the trip started that stuck with me. She said that every time she comes back to Guyana, her passion in medicine is revived. Although I am only a 2nd year undergraduate student, I somewhat understood what she meant after this trip. I have become even more inspired to pursue medicine to experience that feeling again. I hope to return soon, not only as a student but one day as a doctor.

Things we brought: Pamphlets

As pharmacists, our job is to deliver medications to patients but also provide proper **medication counseling** as well as to **educate** patients about their disease states and on disease prevention.

Before going to Guyana we did a search on common diseases and conditions in Guyana. Based off of our research, we made pamphlets providing information on:

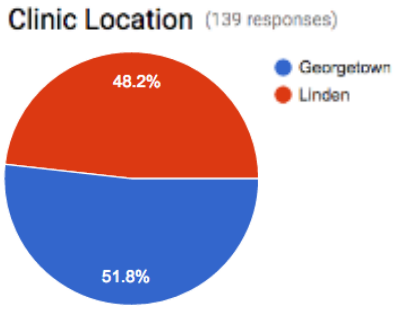
1. Keeping healthy hygiene and diet
2. Controlling reflux disease
3. General medication tips
4. STDs

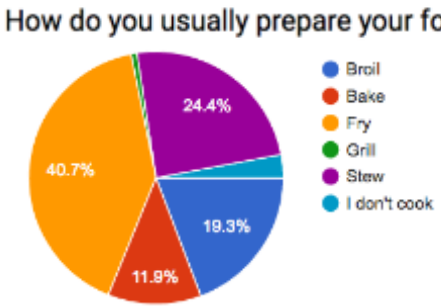
Patients were given these pamphlets along with other materials to help control and prevent certain diseases.

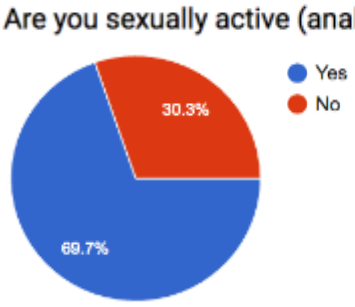
Things we brought: Surveys

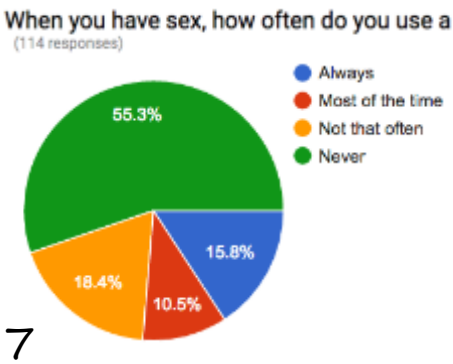
Purpose: To measure Guyanese patients' dietary, social, and sexual habits of different locations
Population: Single females in their 30's
Number: 139

Results









Results on questions assessing knowledge:

Virtually all STDs can be treated or cured:
True (47.2%) False (39.85) Not sure (13%)

STDs can be transmitted to a baby through birth:
True: (84.2%) False (15.8%)

We wanted to assess their knowledge about STD's and see whether they use any preventative methods. Majority stated they were sexually active. About 30.1% stated they use condoms for protection but most of the patients about 48.8% stated they do not use any form of protection. About 55.3% of patients responded stating they never use condom or any type of barrier during sexual intercourse.

Patients stated they keep it in their wallet, their bedroom, drawer, and bag.

Finally, we asked few questions about STD's to assess their knowledge regarding it. We asked questions such as who should be screened for STD's, whether STD's can be treated or cured, and whether STD's can be transmitted to a baby through birth. Basically, this survey was conducted to find out patients baseline diet, social habits, and knowledge to assess health needs and see how we can provide better service to these patients.

Herbal Medicine

Also known as alternative medicine, herbal medicine is a prevalent practice in Guyana as evidenced by various shops in the market that sold various homemade cures. Herbal medicine came in all shapes and sizes, whether it be certain plants to be brewed tea or a round object resembling a squashed tablet.

Emptied soda bottles were filled with conglomerated herbals, with ones named "Men Builder Tonic" or of similar language are particularly more sought after.

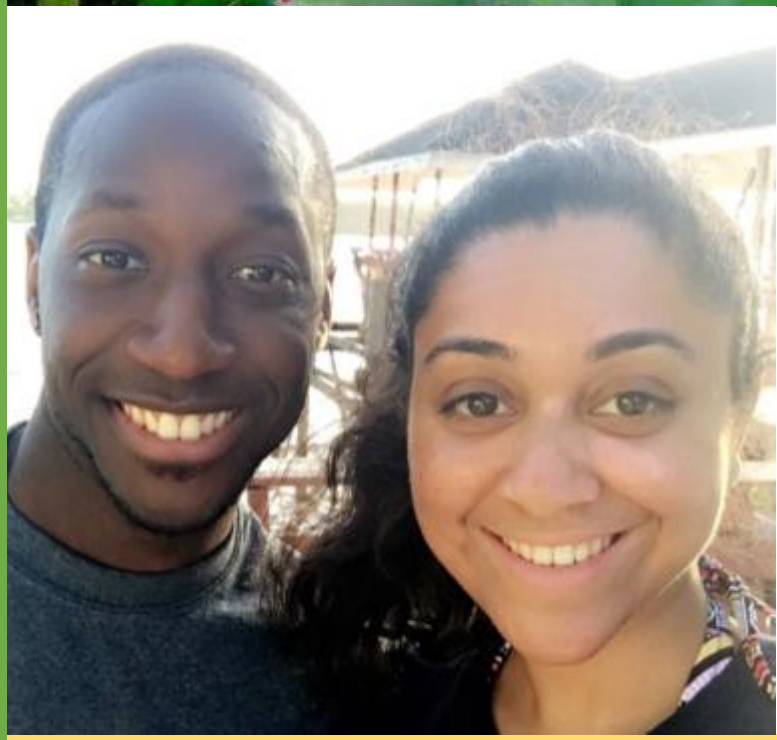
The sand nut, known to be a fat burner was sold with a rather sophisticated label with clear directions, name of the maker, and a phone number the person can be reached at.

Reflection

Tavajay Campbell 17'

While driving to one of our clinic locations I noticed a sign that read "You are now leaving Georgetown, the Garden City". I wondered why it was referred to as the garden city as I didn't recall seeing many flowers. On our final day of the trip I saw what was right in front of me the entire time- rows and rows of pink and white lotus flowers by the side of the road. How had I not noticed them before? If even these vibrantly colored plants were overlooked what does that say about my ability to see what is not often advertised- like the health of the hundreds of people living in underserved communities. That is why when presented with the opportunity by Dr. Gim to go abroad and serve on a medical mission trip a little over 3 years ago, I knew it was something I had to be involved with- and the trip did not disappoint. It was healthcare in the purest form I've ever seen it. Individuals with different skill sets all surrounding health came together for a unified purpose to serve those in need. The team functioned the best when we were all in the same space, communicating freely and trusting in one another. It opened my eyes to how effective inter-professional care could be. There were obstacles such as a lack of resources, unexpected illness to one of our team members, and work space, but each challenge was met with a resourcefulness that allowed us to plow forward. The community showed up in droves, with mothers sometimes bringing their neighbors children if the parents were unable. I don't remember to eat vitamins unless they're of the gummy variety but there were patients that waited hours for a month's supply.

I'm sure this will not be my final foray with medical mission trips. The team at HERO and the Guyanese people left me with many positive memories to look back on, and I look forward to many more opportunities to put my pharmacy expertise to practice, serving those in need.



Challenges

Out of the four clinic days that Hannah and I spent serving the Guyanese people in Georgetown, one day stands out to me as particularly more challenging than the others. It is important to realize that although an experience serving abroad can truly be an enlightening one, that does not mean there are not times of fatigue or discomfort. For every picture of a team member holding a cute baby in their arms (there are 3 within this very newsletter), there are uncaptured moments of frustration, exhaustion, and confusion. On the third day of clinic we drove out to a small health center in the village of Laluni, a community where agriculture was the main source of income. The trip was long and we got lost twice on the way, as if to foreshadow the remaining struggles of the day. This was by far the smallest space we had to work with and our makeshift pharmacy for the day was situated on a small table used to measure infants. With 4 people in charge of dispensing medications even the most menial tasks such as counting and pouring became an exercise in acrobatics. To top it off, there was a fly that was particularly infatuated with our dispensing area that found much enjoyment in my agony. And while these environmental hazards are indicative of the oftentimes unknown nature of the facilities at our disposal, the organizational hiccups were a product of simple human imperfection. When supplies or medications go missing, and it was your responsibility to bring them, and the humidity is so high that breathing produces beads of sweat on your forehead, you aren't having a "beautiful, life changing experience." Add on the different personalities of your fellow health practitioners and you have the perfect storm for adversity. Nevertheless, these moments were few and far between. The greater mission prevailed because all parties are willing to look past the negatives and focus on solutions. Now if only we can adopt that mindset in the states!

A Comparative Overview of Thailand & the Philippines

From our fellow pharmacy student who went on a medical mission trip to the Philippines

KAMUSTA!

"Hello" in Filipino

By Rachelle Louis, 17'

Just a few months ago, I had an elective placement in Thailand. Although Thailand and the Philippines are neighboring countries, I have discovered some similarities and differences that I'd like to share!

Traditional Medicine

In southeast Asia, herbal medicine is a big part of the culture and the health care system. In Thailand, we visited a herbal clinic that taught patients to seek natural medicine as their primary care. If the patient's condition was not relieved, he/she would then seek pharmacological therapy. There are also professional degrees for natural medicine and individuals could receive licensure. In contrast, there were no herbal clinics the area and no such degrees were offered. Nonetheless, herbal medicine is implemented throughout the pharmacy curriculum at Central Philippines University.

They offer a botanics and pharmacognosy class, where students study the plant's scientific names, active constituents, and therapeutic doses. I had the opportunity to participate in their compounding classes. Most of their ingredients were organic and taken from their "Pharmenade", where they preserve various plants.

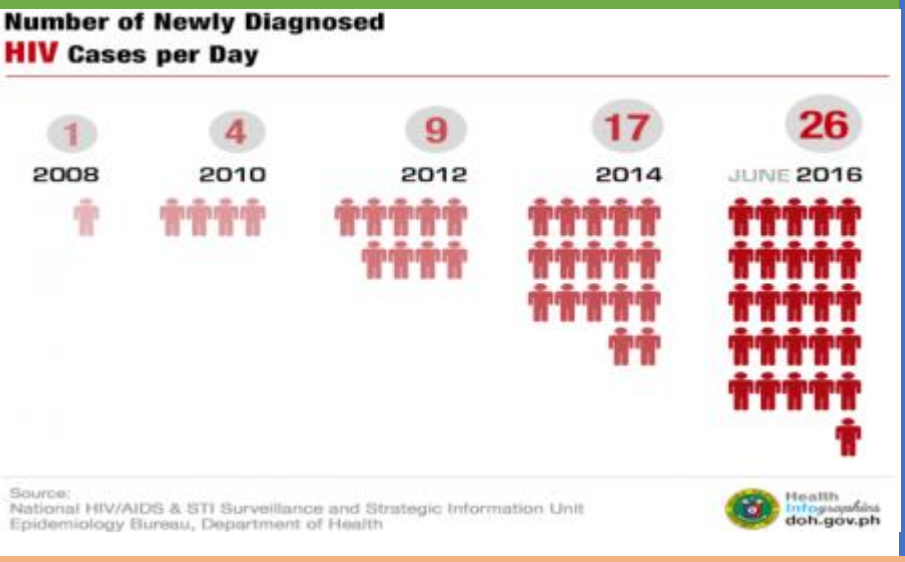
HIV Stigma

Thailand:

HIV is a big issue because of its **cultural stigma**. Even when we discussed about its prevalence with professors and students, there was shyness in the room. As a result, infection through sexual partners has increased and infected people are not receiving treatment.

Philippines:

Due to its liberality, many individuals are having unprotected sex with a large men having sex with men **(MSM) community**. Thus, the number of new HIV infections have also increased.



Health Systems

Thailand:

- All nationals insured
- Can choose from one of three plans

Philippines:

- Mixed public-private health system
- All nationals insured under PhilHealth
- Some medical procedures are not covered and paid by the individual patient.
- Certain populations (ex: seniors, single parents) are given discounts

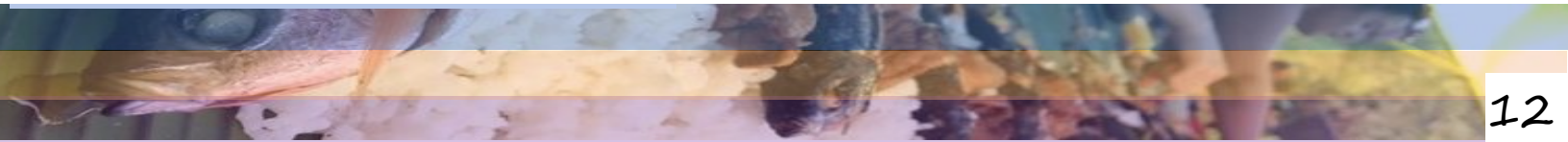
------Common Challenge: **Accessibility**-------

Problem: Both require patients to be registered to a hospital for billing purposes. Unfortunately, many patients are not always able to visit a nearby hospital unless they are admitted.

Through my experience in Southeast Asia, I was able to learn and gain so much knowledge. As an upcoming graduate, I think I am one of many who are excited to see what the future holds. I believe being in the Philippines and Thailand has helped shape my goals as a future health care professional. Not only are we supposed to care for our patients in the United States, but our duty lies within the life of every individual on this planet. Although we will become healthcare professionals by title, we are all human activists by nature.
Learn. Love. Live!

Salamat!

"Thank You" in Filipino



Introducing H.E.R.O.

H.E.R.O. stands for Health and Education Relief Organization. Estbalished in January 2000 by Dr. Wayne Sampson, MD, HERO has since been making countless number of medical relief trips to Guyana. Dr. Sampson's altruism to his home country and his passion in volunteering has allowed many to grow into well-rounded professionals through their experiences in providing medical services in Guyana. HERO provides an opportunity for students, healthcare professionals, and community leaders of different backgrounds to interact and build valuable relationships in support of a common cause.

H.E.R.O.
Health and Educational Relief Organization

#718.282.2262 | www.heroglobal.org | info@heroglobal.org

iGIVE. YOU Give. WE Give.

Special Thanks to the iGIVE organization for their continuous support and contributions!

WE ARE iGIVE!

Learn. Love. Live.

To donate online, please go to https://community.liu.edu/donate For Designation select "Other" & Type "International Pharmacy Fund" in the Comments section.

If you would like to send a check, write out to "Long Island University" and in the memo section write "International Pharmacy Fund" and mail to Suzanna Gim

75 Dekalb Ave, Brooklyn, NY 11201

Faculty Advisors

Dr. Suzanna Gim
suzanna.gim@liu.edu

Dr. Agnes Cha
agnes.cha@liu.edu

CONTACT US

PRESIDENT
Toufika Rahman
toufika.rahman@my.liu.edu

VICE PRESIDENT
Rania Ayad
rania.ayad@my.liu.edu

TREASURER
Jobert Gauchier
jobert.gauchier@my.liu.edu

SECTRETARY
Doris Glasu
doris.glasu@my.liu.edu

Alumni Spotlight

Nana Dwumfour, PharmD'11 MBA

I was fortunate to be part of the first group of students to take a trip to Sierra Leone in 2010. It was an amazing experience. I worked with Walgreens for a couple of months after graduating at the top of my class, but unfortunately, I had to take a different path because it wasn't a good fit for me. I then got a job as a lead intake pharmacist at Equinox Healthcare; a home infusion pharmacy. It was a setting I didn't even know existed while in school. It was a challenging and an exciting opportunity. Every day came with an opportunity to learn something different. I did very well in my position that after a year when a vacancy for the director of pharmacy, in my location became available, I applied and got the position. It's been very challenging, while also getting my MBA, but I enjoy my work. Most recently I accepted a position as Regulatory Research Project Manager with the FDA.

Thank You to everyone who supported our cause!