IGIVE READER

SEPTEMBER 2019

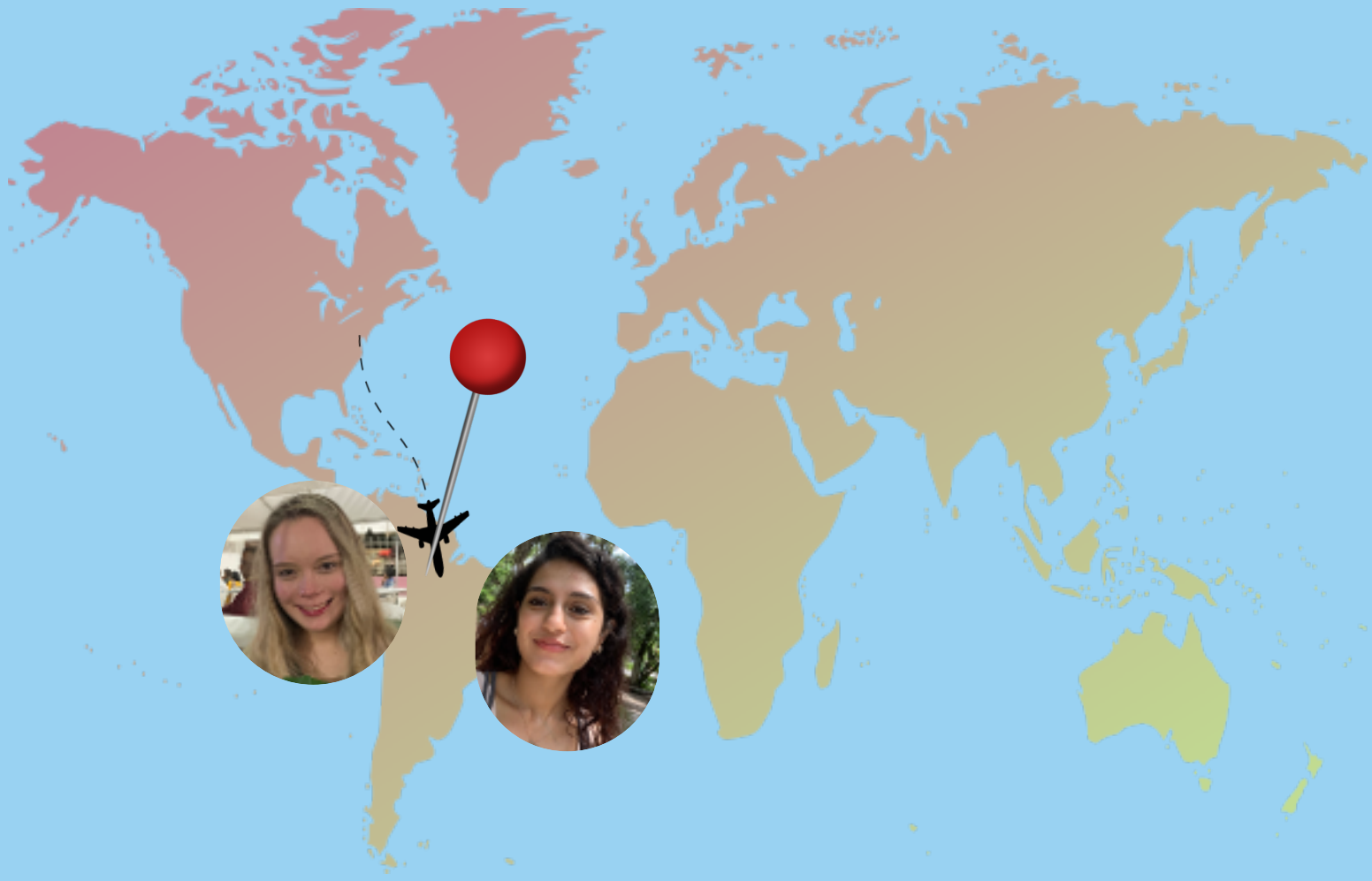
Volume 8: Issue 1

GUYANA SUMMER

LEARN. LOVE. GIVE.

FEATURED STUDENTS:

HAMSAH SAIF, PHARMD CANDIDATE 2020
AMANDA CLOUSER, PHARMD CANDIDATE 2020



LIU Pharmacy

MENTAL HEALTH IN GUYANA

Mental health and wellness has become a huge priority in Guyana. According to the World Health Organization (WHO), Guyana has one of the highest suicide rate in the world at 44.2 deaths per 100,000. Of that, East-Indians make up over 80% of Guyana's suicides. Mental health is highly stigmatized in Guyana and as a result people fail to reach out and ask for help. Too often, the Guyanese citizens are resorting to self harm and suicide as an attempt to feel better. Although Guyana's government officials have been trying to raise awareness and provide facilities in which patients can seek help, it is still hard to access and resources are limited.

The government of Guyana offers a healthcare system that can be accessed by everyone of it's citizens for free. Although, it is free and available for everyone, there is a lack of specialists, difficult access, poor sanitation, and lack of basic equipment. According to the World Health Organization (WHO), in comparison to the rest of the world's healthcare systems, Guyana ranked 128 out of 190 countries.

Our goal upon departing to Guyana was to raise mental health awareness and educate the public on disease prevention and management. We set out to accomplish our goal by spending time counseling our patients on the importance of taking their medication properly and consistently. We also created brochures and pamphlets that helped educate the patients and provide them with tips and resources to help deal with their conditions.

HERO ITINERARY: AUGUST '19

	Georgetown Team	Linden Team
Day 1	Arrival	
Day 2, Day 3	Organizing medications	
Day 4	Sophia Clinic	Health Fair
Day 5	Bare Root Clinic	Christianburg
Day 6	Golden Grove Clinic	One Mile
Day 7	Yarrowcabra Clinic	Amelia's Ward
Day 8	FUN DAY Visiting Kaieteur National Park and/or Arrow Point NatureResort, Banquet	
Day 9	Departure	

Where There is No Pharmacist

BY: AMANDA CLOUSER, PHARMD CANDIDATE 2020

While in Linden, Guyana I had the unique opportunity of working directly under the supervision of a licensed Physician's Assistant.

My pharmacy staff consisted of a nurse practitioner with prior experience working in a pharmacy and two pre-medical students with little to no pharmacy experience. If I had any questions, my preceptor was readily available, but for all intents and purposes, I assumed the majority of responsibilities as a pharmacist. These duties included, but were not limited to: assisting my staff in filling medication orders, verifying medication orders, counseling patients on medications, and educating them on disease state management. I also worked with my acting preceptor to develop therapeutic substitutions for medications we did not have.

Therapeutic drug substitution was a large part of my job in the clinics, largely due to a substantial shipment of medications being delayed in Georgetown, Guyana. Often times, a patient would be prescribed first or second line antibiotic therapy, but due to lack of these medications, I would be forced to give patients last line or salvage therapy. Without the ability to follow up with these patients, counseling, especially pertaining to completing the full course of therapy, was of the utmost importance.

I also had the opportunity to educate local clinic's pharmacy staff. In Guyanese pharmacy outpatient clinics, a "pharmacist" is not required to have a Doctorate of Pharmacy degree. Oftentimes these pharmacies were run by nurses with either an associates or bachelor's degree. Although they had years of experience, many of them struggled with clinical medication decision making. I tried, whenever possible, to include these practitioners in my medication discussions with my acting preceptor, so that they would have the opportunity to engage in the decision process.

After clinic, I worked with these acting pharmacists to determine which of our team's medication I could leave behind for them as a donation.

This was such a surprising and unique experience for me. Working this closely with a prescriber and nurse practitioner really opened my eyes as to how other professions view pharmacy. Even as a student, my opinions and suggestions were always well received. Whenever our makeshift pharmacy team got backed up with prescriptions, we were never blamed. Instead, another pre-medical student would be sent to help us out. Overall, I had an amazing experience in Linden, and would go back in a heartbeat!

H.E.R.O. (Health and Education Relief Organization)

has been providing medical/ surgical services to vulnerable populations in Guyana and Jamaica since 2000. Their services have expanded to education and vision and continues to grow. For more information and to volunteer/ donate visit www.heroglobal.org

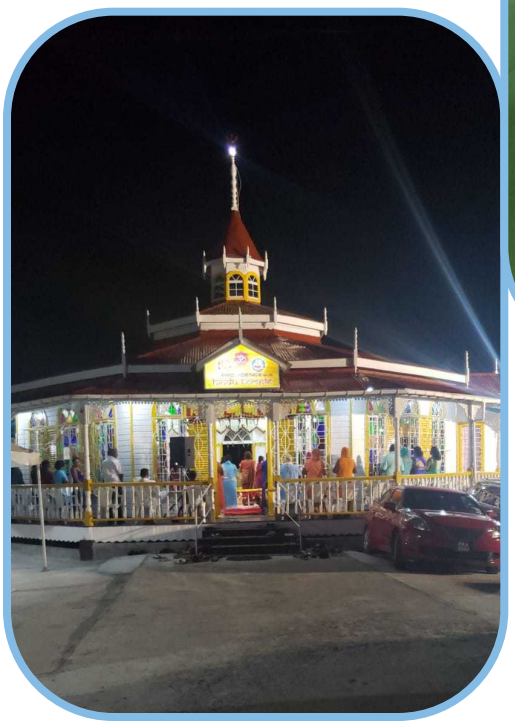
UNFORGETTABLE MEMORIES

Always Go for the Curry

BY: JUSTIN RAMNARAIN, PHARMD CANDIDATE 2021

Their first night in Guyana, the LIU Pharmacy team was invited to attend a special Hindu ceremony. There is a large population of Hindus in Guyana. In Hinduism, the religious functions are known as pujas, which translate to worship. In general, pujas are conducted annually, and it is a way of giving thanks to God. In addition to giving thanks to God, it is done to remove sin, bring good health, wealth, light, happiness, and all the fruitful things that life has to offer. Often times, close friends and family will be invited because it is said that those who attend and support those praying shall also receive blessings.

Their first night in Guyana, the LIU Pharmacy team was invited to attend a puja (called jhandi in Guyana). The meaning of jhandi is flag, and it is tied to a bamboo stick. Each flag has a color that has religious significance. When the service is over, these flags are hung outside. Aarti is the last step of the jhandi ceremony using a diya (similar to a tea candle) lit in the center of a plate surrounded with flowers. It is then concluded with the sharing of food, which is vegetarian and usually includes at least 7 curries such as curried potatoes, eggplant, pumpkin, spinach, catahar, dhal (yellow split pea soup), mango, etc. In Guyana, the food is generally shared in a water lily which serves as a plate. Some of the sweets made are parsad (a drier version of pudding), mithai (a small square pastry fried and glazed with a syrup), and pera (similar to fudge). Sweet rice is also made.



A person preparing for a puja must be pure and clean. This means that the devotee must only eat vegetarian meals, refrain from sexual activity, the consumption of alcoholic beverages, etc. The time frame varies depending on the type of puja being conducted, but a general reference is approximately two days before the function, and the day of even after the religious ceremony is complete.

PHARMACIST CORNER

BY: DR. REBECCA COPE, PHARMD, BCACP

GUYANA AUGUST 2019 AFTER THOUGHTS

As pharmacy education and practice has become increasingly clinical over the past few decades, provider roles and responsibilities in the United States have started to evolve. While physicians, physicians' assistants, and nurse practitioners will always be recognized as diagnostic experts trained in the art of differential diagnosis, pharmacists are often the professional best suited to design and implement a medication-related treatment plan once the indication is known. Such practice models are referred to as "collaborative drug therapy management" (CDTM) in the United States and are currently a privilege credentialed to clinical pharmacists with sufficient training while working under a supervising physician. During your time as a student at LIU, it is our goal that you will have the chance to personally experience this model of pharmacy practice at least once. CDTM describes the way I work in my outpatient clinical site at The Brooklyn Hospital Center. Once a patient has been diagnosed, for example, with type 2 diabetes by their primary care physician, they may be referred to me for optimization of their treatment plan. This allows me to initiate, discontinue, or modify therapy, as well as order laboratory tests, imaging, and referrals.

My practice at The Brooklyn Hospital Center translates very well to serving as the pharmacist on medical missions type experiences where interprofessional collaboration functions at a level above what is seen even here in the United States. While clinic is in session, the providers write down their diagnosis and generally check off a treatment they consider suitable on our "Rx Form" . The patient then presents the form to the pharmacist and waits to be dispensed medication. Once the pharmacist receives the form, they have the opportunity to utilize their clinical knowledge and therapeutic decision-making to determine what the best treatment option for the patient would be based on the diagnosis, as well as our available medication stock. Often, this may result in a simple therapeutic substitution, such as dispensing lisinopril instead of captopril at an equivalent dose for a patient with hypertension. Other times this may require a complex assessment, such as considering what antibiotic to dispense a child with a urinary tract infection. This requires knowledge of the first-line antibiotic therapies for treatment of UTI and the organisms most likely to cause a UTI, as well as the spectrum of antibacterial activity, safety in children, and dosing for the antibiotics currently available in our clinic stock. One must also consider that antibiotic resistance profiles may be different in countries such as Guyana, where antibiotic use may not yet be sufficient to produce the resistance patterns seen in developed areas of the world. Regardless of the case's complexity, the pharmacists' patient care process is continually put into practice thanks to the trust and respect placed in the pharmacists' expertise by their collaborating providers.

If you are interested in advanced pharmacy practice in the United States, including the option of pursuing postgraduate clinical training after completing your PharmD degree, I highly encourage you to consider joining us for an international APPE in Guyana during your P6 year to experience what it truly means to practice "at the top of your license." Even if you are a P6 student, don't think it's too late! We are potentially looking for one more student to join us on our upcoming trip in March 2020 during Block 8. If you are interested in this experience now or in the future, please reach out to myself or Dr. Gim as we would love to share it with you!

UNFORGETTABLE MEMORIES

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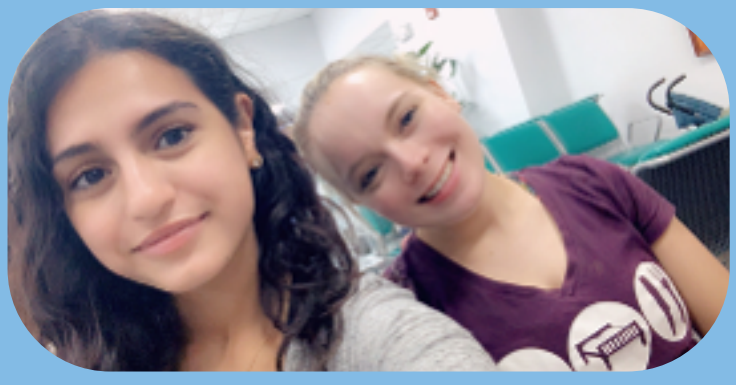

Close to Home

BY: HAMSAH SAIF, PHARMD CANDIDATE 2020

It is easy to ignore something we do not see, to overlook problems we are not currently facing, and to pretend that the things we read online and in the news are not real. Sadly they are millions of people around the world that are suffering.

Public health is a global concern in many developing countries. They struggle to maintain appropriate and efficient health care systems, as well as fair and just political systems.

Over the past decade, we have experienced a concurrently disheartening rise in global issues - a country that comes to mind is Syria. For those of you who know me, my family comes from Syria. We used to come back and visit during the summer quite often... until 2011, when the crisis began. We have not been able to return and are honestly frightened to try. The problems in Syria began when the people protested against an unjust judicial system: in a short time, small-scale protests began to erupt into a full-blown war zone. It is unclear what the situation is anymore, nor who is fighting whom.

The people are struggling to survive amidst horrid conditions, and they are constantly living in fear. Many have been able to flee to neighboring countries such as Greece, Turkey, USA, Lebanon, and many more.

Before the crisis in Syria, health care was not up to par. Resources were scarce, health facilities were impossible to access (many people had to travel hours to get to a hospital), and not enough ambulances were available. It was very common that those who were able to leave the country received surgical care in more developed parts of the world. They would then return home to Syria - however, those who did not have that privilege ended up facing further complications, including death.

A few years ago my grandmother, who had many heart problems, came to America and spent almost a year living with us. Within that year she has seen numerous doctors and had numerous heart surgeries. All of her physicians told her that she needed to continue taking her medication as prescribed and have regular check-ups from a Cardiologist. My grandmother, however, wanted to return home just because she wasn't happy here and missed her life back in Syria. A few months later she went to follow up with her Cardiologist who lived 3 hours away from her home village. After evaluating her, the cardiologist claimed she was healthy and should have no concerns, so she decided to go back home on her own. Unfortunately, during that bus ride, her heart stopped. This is a very common concern in developing countries - the lack of expertise and access to healthcare facilities can kill even those who are close to you.

Developing countries require medical assistance and this is why medical missions are so important. Coming from a third world country and seeing first hand the needs of the people, I was so grateful to be a part of the medical mission trip to Guyana. This trip allowed me to help others as I explored more about myself and my career as a pharmacist. I hope to be a part of many more medical trips as a pharmacist and I encourage you all to do the same!

IGIVE EVENTS

<u>2019-2020 E-Board (left to right):</u>
Nardine Karam (Secretary), Haroulla Papaleontiou (Co-Curricular Liaison)
Chudi Enogwe (President), Nirvanie Rampersaud (Treasurer)
Tapinder Kaur (Vice President)

Meals on Wheels

Guyana Fishing Trip Fundraiser

What a Catch

BY: SHAWN LEVEILLE, PHARMD CANDIDATE 2021

The Fishing fundraiser was an astounding and amusing experience filled with entertainment, gratification (if you can catch something), and hope.

We were very fortunate to have such easy access to fishing in New York City from Sheepshead Bay allowing us to hold this fundraiser. All fishing takes is some good equipment, free time, and knowing some helpful techniques.

The feelings of hope and gratification is mirrored in the mission trips that iGIVE has accomplished and continues to participate with. The work that iGIVE does provides great hope for humanity and it is gratifying to see that we can help and support these endeavors by attending this fun and entertaining fishing fundraiser!

Aiding the iGIVE fundraiser for the Guyana mission trip was a great pleasure. A great night full of excitement, laughs, and great pictures on the water with your fellow classmates, faculty and friends makes for an amazing fundraiser, and when else would you get to ride on a boat (besides taking the Staten Island Ferry).

The trip was very much worthwhile, especially after seeing and following what an amazing experience Hamsah, Amanda, Dr. Gim, and Dr. Cope had in Guyana. Following their experiences in Guyana really brought a greater sense of importance to the fishing trip. The Fishing Fundraiser was a great success and an amazing time! Students, faculty, and alumni came together for a great sunny day of fun and support a great cause.

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SPECIAL THANK YOU TO ALL DONORS!!!

ERIC OCHERETYANER, ANTONY PHAM, VICTOR COHEN, ELENA KHACHATURYAN, DEAN PEZZUTO, DEAN NOVATT, FERNANDO GONZALEZ, H.E.R.O., GUYANA MOPH, GPHC & PROJECT DAWN AS WELL AS ALL ANONYMOUS DONORS & SUPPORTERS NOT LISTED

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INTERESTED IN GOING ON AN INTERNATIONAL PHARMACY APPE?

Come find out more!

Tuesday, Oct 8, 11a-12pm
Thursday, Nov 7, 11a-12pm
Wednesday, Dec 4, 5-6pm
in L-206

ALUMNI CORNER

Six years ago, myself and a group of other pharmacy students under the guidance of Dr. Gim teamed up to start a club that would help raise money and awareness for medical mission trips. Working with this group, now known as IGIVE, was the true start of my journey. Fundraising is every bit as much a part of missions work as the trips themselves, and I'm grateful that I was able to participate in that part of the process. I figured there was much to gain in experience by exposing myself to a drastically different patient population and environment, but I had no idea what that "much" included. I learned creativity, compassion, responsibility, and teamwork on my trip. When every resource- from space, to water, to manpower- is so strikingly finite, it lifts these seemingly simple lessons to new heights. Since that trip just 2 years ago, I have had the opportunity to travel to Honduras for missions as well, and will continue to serve in this way as much as I can. It is a service I would recommend to anyone, but especially to health professionals, as there are not many more things you can experience that will be as enriching.