

A student-operated newsletter by the St. John's University College of Pharmacy and Allied Health Professions Beta Delta chapter

SINGLE-LINE STORIES

- Congratulations to the Doctor of Pharmacy Class of 2012 on their graduation!
- Dr. Maidhof almost unanimously voted by the student body as the Professor of the Year
- Relay for Life raised record-breaking \$78,600 for American Cancer Society
- Addolorata and Aleena join us as our new Co-Copy Editors

MEET DEAN MANGIONE BY: MOHAMED DUNGERSI & MAHDIEH DANESH YAZDI, ASSOCIATE STUDENT EDITORS



Dr. Robert A. Mangione is currently Dean and Professor at St. John's University College of Pharmacy and Allied Health Professions in New York City. Dr. Mangione earned his B.S. in Pharmacy, M.S. in Pharmaceutical Sciences (Clinical Pharmacy), P.D. in Educational Administration and Supervision, and EdD in education from St. John's University. His pharmacy practice experience includes a pharmacy internship at Lenox Hill Hospital in New York City, an ASHP accredited hospital pharmacy residency at Mercy Hospital in Rockville Centre, and serving as the Pediatric Clinical Pharmacy Coordinator at the Schneider Children's Hospital of the Long Island Jewish Medical Center. He has served as the President of the Long Island Society of Health System Pharmacists, editor of the New York State Journal of Pharmacy, and contributing editor to U.S. Pharmacist and the Children's Hospital Quarterly. He also served as Secretary-Treasurer of District II of National Association of Boards of Pharmacy/America Association of Colleges of Pharmacy and as a member of the New York State Board of Pharmacy.

Dr. Mangione's research interests include celiac disease, pediatric pharmaceutical care, and poverty issues in healthcare and education. He is credited with over 100 publications in the professional literature focusing on pharmacy practice, therapeutics, and professional education issues. He is a member of the Medical Advisory Board of the National Foundation for Celiac Awareness.

Each month, the editors at the Rho Chi Post have the opportunity to interview one or more of our faculty members. This month, we have the tremendous opportunity to interview the dean of St. John's University College of Pharmacy and Allied Health Professions, Dean Mangione. In this in-depth interview, we speak to him on a number of pertinent issues ranging from his recent research grant, the past, the future, and so much more in between...

Mohamed: We recently learned about the grant you received for celiac disease research. What will your research entail?

A: The grant is actually from the National Foundation for Celiac Awareness

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RHO CHI POST (RHOCHISTJ.ORG)

(NFCA), who I have been working with for a number of years (currently, Dean Mangione is serving on the Medical Advisory Board for the NFCA). As you know, celiac disease is an intolerance to wheat, barley, and rye. It had always troubled me as a pharmacist that medications were an overlooked hidden source of gluten and the regulatory issues associated with that are not particularly strong. I am concerned if there are any celiac patients or other gluten intolerant patients who are taking medications and may not realize the fact that there is gluten in the medication and that it is in turn causing symptoms or predisposing the patient to harm. Our thought was to possibly compile some anecdotal reports, for example, asking patients if they had any problems with medications through surveys and then analyzing whether in fact the medications contain gluten. I am working with Loretta Jay (co-primary investigator and NFCA consultant) at the NFCA and equal recognition should also go to Dr. Zito and Dr. Pal who will be assisting me with the research. Dr. Pal is going to be looking at the data since he is a biostatistician along with his other qualifications. We will identify certain drugs that might be worth looking at and Dr. Zito will analyze the drugs to see if in fact the medications have gluten in them. It is interesting from the perspective of identifying drug products that may be problematic; but, I am even more interested in just seeing whether or not individuals with celiac disease are even thinking about drugs as a source of gluten. I am not sure what the study will conclude, but I am sure we will contribute to the literature. I am also happy to note that the FDA has an interest in the study.

Mohamed: We wish you the best of luck with the study and hope that you are able to increase awareness on this important issue.

A: One of my personal objectives is also to raise the awareness of pharmacists. I think pharmacists can do a lot more for patients with celiac disease; however, the first step is to make sure they un-

derstand the disease, without which they will be unable to help people. That is another possible benefit we hope to achieve.

Mahdieh: You have been at our school as a student, a teacher, as well as an administrator. What was/is your favorite class to teach or learn about?

A: As a student, I cannot really say if I disliked any of my courses. Obviously, I liked some more than others. When I think of my days as an Undergraduate, I tend to think more about the faculty members than the class. I was blessed to learn from some truly outstanding professors and I do not wish to offend anyone.

However, I feel that Dr. Jarowski was the professor who had the most profound impact upon me, inspiring me to try to be as good a teacher he was. As it turned out, I really struggled in his physical chemistry/pharmacy class, but he was just a wonderful teacher and my hope was that someday I could be close to where he was.

In terms of teaching, I always enjoyed every course I taught - and I have taught many courses; but I would say it is the pediatric pharmacy class that I certainly enjoyed a lot. It was a course I created and nurtured, and one that I certainly miss teaching.

“One of my personal objectives is also to raise the awareness of pharmacists. I think pharmacists can do a lot more for patients ...”

Mohamed: Was that the focus of your residency training?

A: During my residency, I focused somewhat on pediatrics. It was also my first faculty appointment here in drug information and pediatrics. There was a curricular need and opportunity, and Sr. Jane Durgin gave me the opportunity to focus on pediatrics. It was a great place to be.

Mohamed: Sometimes, fate does have an important role to play. The timing of the job opening and your specialty training in pediatrics worked out well.

A: Yes, it was great. I do not know if when I started that I was a specialist. You have to work at that and I learned a lot every day. By the same token, it was difficult as I was always deeply troubled when I saw sick children. You had to try to find that balance, where you could not be incapacitated by the sadness you felt when you saw an ill child; and to this day, I feel that way. You hope you can reach inside and say, “maybe I can do something to relieve that suffering”. That is what drives you. It is easy to succumb to the sadness and to not be able to move forward. It was Sr. Jane Durgin who kept me grounded and who helped me find the courage to go back every day. A lot of people helped me along the way.

Mohamed: As the dean, you constantly have to make tough decisions. Throughout the last couple of years, what has been your most difficult decision to make?

A: Well, you do not want to make mistakes. I think that when I am confronted with an academic discipline issue that impacts upon a student, those decisions are the most difficult. The more severe the violation of the honor code, the more difficult it is because the consequences are more severe. If you get to the point where you have to recommend expelling a student, those are very difficult moments and you never forget them. Then again, those are the decisions you have to make to support the students who are doing the right thing. We are all human and we do make mistakes, but unfortunately there are consequences. Do not get me wrong; there are other decisions that are difficult, for example important policy issues such as funding, but whenever you impact a person’s individual life, it can get very difficult indeed.

Mahdiah: On the flipside, what do you feel is one of the best decisions you have made as dean?

A: I tend to move on to the next project. I would say, and I’m not going to mention any names, my best decisions have been the faculty that I have been able to hire or who I have been involved in hiring. It is a real gift to see them blossom and do great things and I will often reflect on that. I am very proud of who we have hired and the great things that they are doing with our students. So, that is what I feel most proud of in terms of the decisions I have had to make.

Mahdiah: Pharmacy is progressing as a profession and now we have collaborative drug therapy management (CDTM). What are your thoughts on CDTM? Where do you see the pharmacy profession in 10 years’ time?

A: Well, we fought very hard for CDTM and I think when the process was ultimately approved, there were some pharmacists who focused on what was not approved instead of what was; I think that was a mistake. We should be grateful for what we have. It is a great start. We all know it is not the final product that we want, but unless you run the first lap, you cannot run the remaining 5, 6, 7, or 8 laps. I am encouraged by it.

I think for the future, pharmacists will be held accountable for drug therapy outcomes to a greater degree than we currently are. I think that it is very important that our profession never loses the responsibility for and the greatest knowledge of the product. I think we have to understand better than anyone else, for instance, what makes a tablet a tablet, or a sustained release capsule a sustained release capsule. I think that pharmacists will be looked upon to contribute more to achieving a desirable therapeutic outcome or to recognize an undesirable outcome. Pharmacogenomics is going to have a significant impact; where a pharmacist will be able to determine beforehand whether a drug will be good to treat not only a disease, but a specific patient. This will be a very dynamic change.

I think it will be a mistake if we relinquish our responsibility or association with the product. That’s just my opinion. But it goes beyond that to therapy outcomes.

“I think for the future, pharmacists will be held accountable for drug therapy outcomes to a greater degree than we currently are.”

Mohamed: Building on that, do you think pharmacists will have prescriptive authority in the future?

A: I think there will be changes. However, another piece of that which is often overlooked is the education of the patient. I am the first generation of my family to go to college; and I mean no disrespect when I say this, but I think the understanding of healthcare two generations ago was far less than this generation’s understanding. As consumers of healthcare, future generations will have a greater capacity to comprehend the challenges associated with drug therapy. I think that is going to be a part of it too in terms of who is receiving the information. Of course there are inequities throughout the world that we have to think of as well. I think we have an obligation and a responsibility to those who are less fortunate.

I think there is going to be an increase in prescriptive authority but that it will be very carefully framed. Physicians, nurse practitioners, and physician assistants have a pretty good handle on that right now so I do not see it dramatically changing.

Mohamed: Currently, there is a trend in pharmacy schools offering combined degree programs (i.e. PharmD/MBA, PharmD/PhD). What are your thoughts on combined pharmacy programs? Will we be seeing similar programs offered by our college?

A: I have a great interest in combined programs. I tried unsuccessfully in the past to establish them. I do not think we would ever have a significant number of students pursuing them, but that does not mean that should discourage us from offering them. I would love to see a PharmD/MBA, even a PharmD/JD. I have even spoken to the deans of the law and business schools about it. The biggest challenge is that you are looking at a PharmD be-

ing worth 201 credits and an MBA worth another 50 or 60 credits; how many credits do you cross-over? I think both degrees would make a case for not giving up some of their credits and that makes it a challenge.

In the past few years, we have been so consumed with other projects that this always got pushed to the future. My thoughts? Yeah, I think combined degree programs are great! Do we have the capacity to do it? I think we do. But right now, it just has not made it to the top of the priority list because there have been other things sitting there.

Mohamed: Do you feel that having a combined degree program, for example the PharmD/MBA, would devalue one of the degrees?

A: No, I do not. I think it would add an interesting perspective. The PharmD student enrolled in the MBA program would bring an interesting perspective to the business school and the MBA student enrolled in the PharmD program would bring an interesting perspective to the pharmacy school, in the way they look at the world. When you look at healthcare and the business oriented decisions that have to be made, it is a natural for a PharmD/MBA to assume positions of greater authority in healthcare delivery (from a systems approach). So, I think it is the right way to go. You also have to make sure it is the right MBA also. For instance: is it finance? is it management? and what are the implications. Or maybe, a new MBA in healthcare management. That would be something we would have to work on with the business school, which is not a concern; they are great to work with. It is just that right now there are so many other things that we are deploying our resources towards accomplishing.

“As consumers of healthcare, future generations will have a greater capacity to comprehend the challenges associated with drug therapy.”

Mahdieh: After you wanted to come back to teach, you decided to get your doctorate in Education. Is that something that you would like to see: a PharmD/EdD?

A: Well, I am an outlier. That whole story, when I was named Assistant Dean for Student Affairs in 1990, I realized I did not know a whole lot about administration, particularly fiscal management. So I approached the dean of that time, Dr. Belmonte, to ask, “What do you think?” And he said, “If you want to go back to school, why not?” Then, I went to see Dr. Bartilucci, who has always been a mentor to me, and he said, “Well, you’re going to be here anyway.” So I started down the journey. It was very difficult at the beginning, because it was such a difference, such a change, but I had great faculty and people who were very patient with me. I became more and more interested in it and at the end of the day I found myself drawn to many areas, but particularly the economics of higher education: how can you get quality in a manner that is not going to compromise your ability to pay for that quality? And so, that kind of became an interest. It was unanticipated, to be honest with you. When I first started the EdD, I was not quite sure where I was going to end up. I just knew that if I was going to be an effective administrator, as assistant dean, and I never expected to be dean, but if I was going to be the best assistant dean I could be, I felt that going for that degree would help me. And I had great faculty in the School of Education. No regrets...it took me a long time, but I have no regrets. So PharmD/EdD, I do not know.

Mahdieh: Do you have any mentors? You spoke about Dr. Bartilucci and other professors, what advice did they give you?

A: I had and still do have mentors. There have been so many. I mentioned Dr. Jarowski, Dr. Bartilucci, and Sr. Jane Durgin; there is also Dr. Olsen, who was my dissertation advisor and is still a great source of advice to me. They mentored me through both words and actions. Seeing how they would respond to various issues that were raised, various challenges. When I seek their advice, and I

certainly do, though I do not see Sr. Jane as much as I would like to, I think it always comes back down to: “Do what you think is right to do.”

My hope is that I would always make them proud and I think that is a motivation in and of itself. If they are going to know what I did, then I want to make sure that they are proud that I did it. But also, there is a strong foundation in scholarship. It is not all just, “Well, let’s see what happens.” You have to understand the situation, study it without excessively delaying the decision, and then make the best decision you can. I think I go to different mentors for different things. And I think an overlooked mentor is my wife. I talk a lot about these great theorists in higher education and pharmacy education, but at the end of the day, I am blessed to be able to talk things out with her and get her perspective, which is always fresh, always insightful, and always helpful.

Mohamed: You are a mentor for all pharmacy students; do you have any words of wisdom for pharmacy students? I know you already went through some of them, but anything specific?

A: Well, we have really great students, I am really proud of them. I often say that our students make me look better than I am. I just think that you should treat your patients as if they were members of your family and never forget that even when it is difficult, that patient is a mother or a father or a son or a daughter and people really care about them. Look in your patient’s eyes; they are not a prescription, they are a person, and that can be very difficult sometimes. You may not want to do it; you are busy; it is a fairly routine prescription... but sometimes when you dig a little deeper, you find that what appears routine really is not. That would be my advice; do not lose that personal touch, no matter how busy it is. I mean, I have worked in many situations where we were getting overwhelmed. I always tried hard, even if it was brief, to know who I was dealing with, not just a prescription number. I think when it becomes depersonalized, it loses its humanity. We are not

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technicians. Not that there is anything wrong with technicians, but we are pharmacists. I think we have to understand the different roles we play.

“... you should treat your patients as if they were members of your family and never forget that even when it is difficult, that patient is a mother or a father or a son or a daughter and people really care about them.”

Mohamed: Absolutely. My next question was going to be about your advice to current pharmacists, but I think you covered that. Do you have anything specific to add for current pharmacists?

A: Focus in on the things you really like. If you find yourself in an area of the profession that you do not enjoy, move to another one. We talk loudest with our feet. So, if you are in a community pharmacy and you say: “I do not like this,” well then try hospital. And if you are in a hospital setting, well then try another hospital. Find that peace. I think we are deceiving ourselves if we feel: “I don’t need peace at work, I’ll be okay.” I do not know if we are really being honest with ourselves. You have to continue to seek that. I am fortunate, in anything I have ever done: as a community pharmacist, hospital pharmacist, faculty member, assistant dean, associate dean, and dean, I have always enjoyed it. I have always considered myself privileged to be doing what I am doing, never really regretted it. I did not wake up in the morning and say, “Oh, I do not want to face that”. There were some things that obviously worried me, some daunting challenges, I hoped I was up for the challenge, but that does not mean I did not enjoy it or that I was not grateful for the opportunity to be involved in that. I think that is the advice: find that peace. And sometimes, we spend our lives looking for that peace.

Mohamed: A famous person once said, “Find something you love, and you’ll never work a day in your life”, which I think is

what you were heading for.

Mahdieh: So pharmacy schools are undergoing a lot of changes. I think we are one of only nine schools that have a 0-6 program. There are more schools adopting a bachelor’s requirement before professional pharmacy school training. In the next few years, what changes do you think our pharmacy program here will undergo? How about pharmacy schools nationwide?

A: Clearly there is that trend. You see more and more schools become 3-4, or 4-4 schools. Here, I have charged the faculty to look at the curriculum from a zero base and build one. And maybe that is going to look like the one you are in right now, I do not know. But, I think there will be some changes. Will we ever become a 2-4? Well, I think we might. Is that going to happen this year? No. Within the next five years? I do not know. I think when you look at the ability to effectively manage enrollment but also to help our students progress through, sometimes having that second review period, might be helpful to the students, between that sophomore year and the first professional year. But I also think we have to be consistent with the roots and foundations of this university, providing accessibility to gifted students to complete the program. So with that in mind, are we going to make a change tomorrow? No. Do I think we are going to see significant curriculum reform within the next five years? Definitely. Will that be a 2-4? I do not know. But I do think it is important to at least look at the curriculum. And if the faculty come back and say: “We are where we need to be” and that decision can be supported with appropriate data, well then so be it. But there is value in that as well. But if you just assume it is ok, that is when you get caught. And we do not want to assume anything. We are going to see changes. Part of those changes will be imposed on us through external accrediting changes. But I think that if you return after ten years to visit your alma mater after you graduate, if we do our jobs correctly, you will still see evi-

dence of the core values that you respect and that you embrace. Because if we lose those core values, that would be a tragedy. As much as there are going to be changes, the courses might look different, the sequence might be different, but we are still going to be St. John's University and I mean that in a good way.

Mohamed: I think this is very important. I am from Kenya; Mahdiah is from Iran. This is a pretty diverse table. But regardless of the differences in cultures, nationalities, and religious beliefs, we can all relate. Core human values remain core human values.

A: Well I also think that you strengthen the core values of the institution. The perspectives that you bring, the enthusiasm, the triumphs, the struggles; those are things that make us stronger. I think sometimes when we look at diversity in education we tend to focus on those who contribute to the diversity. But there is extraordinary value to the group that occupies the majority, because they in turn are better educated because of the individuals who bring new culture into that group. It is a win-win. I am glad we take our diversity for granted. When I visit schools that are not diverse I am uncomfortable, I think what is going on here? But, I grew up in Queens and it is just part of my life and I have been blessed with great diversity in all components of my family, so it is a real plus... a real strength. But I will tell you, I tend to notice schools that are not diverse, rather than schools that are. I would not want to be anywhere else.

"The perspectives that you bring, the enthusiasm, the triumphs, the struggles; those are things that make us stronger."

Mohamed: In the past, we know that you have played and coached basketball. Do you still play or coach?

A: Well, people might question whether I played or not. I sat on the bench of my high school basketball team. No, I do not play anymore, but I do miss it. Basketball has had a profound impact on me. In

many ways it is a metaphor for life. Maybe my failures in basketball have been more rewarding than my successes: to pick yourself up and try again. I have made some great friendships through the sport and coached some really great young men and women who taught me a lot. I coached for about 20 years in my parish, and the police athletic league, but then it became difficult as my positions changed at St. John's University. But what I always felt as a coach was that you should prepare your team. It really was not important to win but rather to be prepared for the game and to try to understand that the other team is going to try to do what you want to do.

Mohamed: Kind of like life....

A: It really was. I always felt and always will feel that when it is played right, the game of basketball is an absolutely beautiful game. While there is great joy in the game, there is also great reward in preparing, competing, and doing the best you can. Although I was good enough to make the team, I was far from a starter. But I worked very hard in practice because by doing that I could make the starters better. I played against some very good basketball players, whether it be in the Catholic High School Athletic Association or summer basketball leagues. It is a good thing to look back on. When there was only one college that had a minor interest in me to play, I knew it was time to...

Mohamed: Find something else?

A: Yes. But it is always in your heart.

Mahdiah: Knicks fan?

A: Well, you know, when Jeremy Lin is playing yes, [laughs] No, I'm more of a college basketball fan than a pro-basketball fan I guess. But I am a New Yorker so I root for the Knicks.

Mahdiah: Which college basketball teams besides St. John's University's do you like?

A: Oh, I am going to get into trouble here. Besides ours, I very much enjoy watching Princeton and

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Georgetown play. And Georgetown basically runs a modified Princeton offense. Northwestern, they run that same offense. I really enjoy the screens, the back door plays... I really enjoy watching women's basketball because it is fundamentally sound. And that is the part of the game that I think you find the real beauty in. The person who sets up the screen, who provides the opportunity for the person who hits the jump shot... the person who hits the jump shot is going to get the recognition but without that screen, or without the pass you know... and that to me, when you see the court and you see that happening... and sometimes you get lucky and you see it happening before it does. You know it is going to happen and you can see it. It is kind of fun but those are the teams I enjoy watching. That style of basketball I find very interesting.

Mahdieh: What advice would you have for students who want to do more outside of school, the curriculum, and school organizations to promote the profession?

A: I think you have to assume that each encounter you have, talking about pharmacy, or practicing pharmacy, that counts and that has consequences. So you always want to speak honestly and if possible, not negatively. Because if you are discouraged and you devalue what pharmacists do, then really you are devaluing yourself. There are some things that we do not do well, we need to do better, but the emphasis should be on what we are going to work on getting better at, not what we are really terrible at. So I think that is really the way you should go forward. And also recognize the contribution that you are making. There are things that pharmacists do and should do better than anyone else, and there are things that we should not do. We are not surgeons. And we do not want to be surgeons. Chances are they do not want to be pharmacists. Try to understand what other people do and respect that. Make sure that people respect you and I think the rest falls into place. It is an institutional core value: Respect. Sometimes it is more difficult than others.

“... if you are discouraged and you devalue what pharmacists do, then really you are devaluing yourself.”

Mohamed: If you could spend time with anybody dead or alive who would it be?

A: No doubt, Dr. Martin Luther King Jr. Not even close. Always a hero for me. When you think about Dr. King... his courage, obviously a brilliant man; our world is a better place because of him. I often reflect on how terrifying it must have been to do what he did. A man of faith, a man of courage, a man of vision. That would be really special, to be able to talk to him.

There is someone I have great respect for, again thinking of Dr. King, Major General Joseph McNeil who I would like for you guys to meet. General McNeil was one of the four students at North Carolina A&T who on February 1, 1960, were instrumental in starting the sit-in movement which was so critical to the success of the civil rights movement. And he is a friend and certainly one of my heroes.

That struggle, to think of what Dr. King overcame through peaceful means, is extraordinary. So, he would be the one. I mean there are many others of course but if I could only pick one, he would be the one.

Mahdieh: So we have published seven issues to date of the Rho Chi Post. Which one is your favorite? Was there an article that stood out, or a specific section that you enjoy reading?

A: Oh, I like them all. First of all, it is extraordinarily impressive, I mean in the depth and extent of coverage. I do not know how you guys find the time to do it. Nevertheless, you are really amazing. So I cannot say there is one issue I prefer over the others. But I enjoy reading about the faculty; I really do. It is kind of fun, and I know it is fun for them too. It was very nice of you to come here and talk to me today. I think that is

the aspect that I particularly enjoyed. I think that we tend to be a quiet faculty, and that is ok, we get pleasure from the work, which we should; but, it is nice to see them highlighted, put in the spotlight. They deserve to be there; they really do. So I won't say I have a particular favorite but I will say that it is fun to read about that.

“There were previous Rho Chi chapters that nobody thought would be equaled. And then you guys come along and no one is going to equal you.”

Mohamed: Do you think there is anything we need to improve on, something we should bring to the Rho Chi Post?

A: You guys have certainly set a new standard. I do not think anyone will ever equal. There were

previous Rho Chi chapters that nobody thought would be equaled. And then you guys come along and no one is going to equal you. You guys are doing a great job and you have a wonderful advisor in Dr. Zito. I would say it is all good.

On behalf of the entire Rho Chi Post Editorial Team, we would like to thank Dean Mangione for taking time away from his busy schedule to sit down with us. As always, he was very gracious with his time and very patient with our questions. We wish him the best of luck in all his future endeavors.



Dean Mangione with members of the 2011 Rho Chi Executive Board at the Coffeehouse Chats event held in Spring of 2011

Archived Image Source: <http://bit.ly/KM8CQr> (Rho Chi Society Picasa Gallery)

sixth year pharmacy

Formal

*Phelsea Piers
Sunset Terrace*

May 8th

8pm - 12am

*appetizers, buffet,
& open bar*



Meet Jason, Zhilna, Mohammad

tickets @ cvs lounge.

3/16 @ 1.50 pm

3/19 @ 10.40 am

3/20 @ 1.50 pm

3/22 @ 12.10 pm

Primary contact: jasonmlee88@gmail.com

\$90 per person

*cash -or- checks made
out to "cash"*

A STUDENT'S PRESPECTIVE ON BEING ACTIVE IN THE ACCP BY: PATRICK K. TABON, PHARM.D. CANDIDATE C/O 2012



Patrick Tabon is a 4th year graduating pharmacy student at Washington State University. He has served as Rho Chi President for Rho Chi Epsilon Chapter, Social Chair for Kappa Psi Beta Pi Chapter, NCPA National Student Leadership Council Secretary, and ACCP National StuNet Member-at-

large. He will be pursuing a Residency at Swedish Medical Center in Seattle after graduation.

As a graduating student pharmacist, I am often asked by others, "What piece of advice do you have for other pharmacy students?" My reply will always be, "Go out there and become involved while you can. Once you find where your passions lie in our profession, success and happiness will follow." I have lived an amazing student career by simply getting my feet wet in all that our field has to offer. One organization that I am proud to be a part of is the American College of Clinical Pharmacy (ACCP). As an active ACCP student member, I am able to network with current pharmacy leaders, learn more about clinical pharmacy practice, and collaborate with other student pharmacists.

"Go out there and be involved while you can. Once you find where your passions lie in our profession, success and happiness will follow."

ACCP allows students to take an active role in a variety of different clinical practice areas from infectious disease to clinical administration. These Pharmacy Practice and Research Networks (PRNs) link students with some of the current leaders in clinical pharmacy and has enhanced my

resource base for unique clinical scenarios. For example, being part of the Ambulatory Care PRN has exposed me to current issues in practice, which has opened my mind to issues that I will face as a pharmacist in the near future. It has also connected me with ambulatory care residency directors and preceptors who have shared their insight into being a more competitive residency applicant. Every PRN offers students a variety of opportunity, and each student member could obtain free membership to a PRN of his/her choice.

I am fortunate to serve as a National Member-at-Large on the ACCP Student Advisory Committee. Being involved with the Student Advisory Committee is a great way to collaborate with other student leaders who share similar ideals about advancing the profession by helping student members become more involved across the country. We have an active voice as student members in ACCP, and are always trying to find ways to get more students involved with the organization. Students have the opportunity to publish articles in our quarterly student newsletters, take part in the ACCP Clinical Pharmacy Challenge, and apply for travel scholarships to attend the ACCP annual meeting. Students can also take advantage of ACCP's CV Review Service and "Emerge from the Crowd" program that helps students become standout residency candidates.

Eventually your career as a student will end and you will transition into your role as a pharmacist. Being involved now not only makes the transition easier but also gives you a head start in advocating for our profession in the future. ACCP has something to offer every student. I have been involved with ACCP for the last two years and it has been an amazing experience both on campus and on a national level.

**Tell us about your organization at
rhochis@gmail.com and we will
 feature your article in our next issue!**

ROTATION AT NORTH SHORE LONG ISLAND JEWISH MEDICAL CENTER BY: YUFAN (FRANK) LIU, PHARM.D. CANDIDATE C/O 2013

“This is the worst day of my life!” These words kept echoing in my head as I approached my rotation at the North Shore Long Island Jewish Medical Center clinic one hour late. Getting lost was not how I envisioned starting my first day, and that helpless feeling lingered as I drove aimlessly around Long Island. Luckily, the rest of my month did not continue like my first day. Upon completing this rotation, my career perspectives significantly changed.

Before starting advanced pharmacy practice rotations, I had already been working for four years at Rite Aid pharmacy and one year in a hospital. I also had an internship in the pharmaceutical industry. I felt like I had seen it all. To my surprise, after just one day, I found myself thrilled to be working together with different types of healthcare professionals to help patients. From doctors to social workers to nurses, I was able to get multiple perspectives on how to help each patient that I encountered. I found that working in an ambulatory care setting resonated deeply within me, particularly when compared to my other jobs.

Working at the clinic allowed me to realize how much I love interacting with patients and trying to make their lives easier. I always keep a positive smile on my face to cheer patients up. Seeing a patient smile after counseling them and making them laugh brings me a great deal of happiness. Although the community and hospital settings are great places to work, each with their own merits, the ambulatory care setting has allowed me to realize how much more time

I can be spending with each patient. I have always operated under a rule that caring for the patient is the number one priority. Thus, I spent extra time in each counseling session, making sure that the patient completely understood his or her therapeutic regimen. When physicians did not have enough time to go through details about medications with a patient, I was there to help.

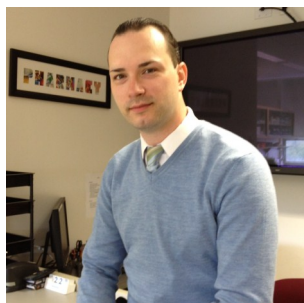
“Working at the clinic has allowed me to realize how much I love interacting with patients and trying to make their lives easier.”

It was a blessing to have Dr. Nissa Mazzola, Associate Clinical Professor of St. John’s University College of Pharmacy and Allied Health Professions, guide me in the right direction at the site, especially as I still had a lot of clinical knowledge to attain. At the end of the rotation, I asked her about the number of opportunities that exist in ambulatory care pharmacy. When she replied that there were not that many, I was a bit disappointed; I feel that ambulatory care pharmacists could really help improve patient outcomes, particularly as disease-management and counseling specialists.

When I graduate, I will advocate for increasing the number of ambulatory care pharmacist positions. This rotation has inspired me to apply my pharmacotherapy knowledge to assist patients in managing their disease states. I have no doubt that I am helping make the world a better place.

**Share your rotation experience at
rhochis@gmail.com and we will
feature your article in our next issue!**

PROFESSOR OF THE YEAR: DR. MAIDHOF BY: MOHAMED DUNGERSI, ASSOCIATE STUDENT EDITOR



Dr. William Maidhof is an Assistant Professor and Industry Professional in the Clinical Pharmacy Practice department of the St. John's University College of Pharmacy and Allied Health Professions. He is an alumnus of St. John's University

who graduated in 1999 with a BS in Pharmacy and again in 2003 with a Doctor of Pharmacy.

Following graduation, Dr. Maidhof worked as a community pharmacist for Genovese Drugs[®], J.C. Penny/Eckerd[®], and the CVS Corporation[®]. He worked as a staff pharmacist and supervising pharmacist at a variety of locations in the Bronx and Westchester. During his tenure with the J.C. Penny/Eckerd[®] corporation, Dr. Maidhof took a leadership position as a District Pharmacy Coordinator in addition to his supervising pharmacist duties. His district was comprised of approximately twenty pharmacy locations in the Bronx, Westchester, and Connecticut. Dr. Maidhof was responsible for the hiring and training of all new pharmacists, pharmacy staffing, pharmacy inventory and audits, and compliance in regards to company policies and initiatives. In addition to his role as a community pharmacist, Dr. Maidhof also worked as a consultant pharmacist for a number of group homes in the Long Island area.

Dr. Maidhof began teaching at St. John's University in the Fall 2006 semester. He is currently the director of the on-campus Rite Aid Community Pharmacy Laboratory and works with all second and third professional year students enrolled in the Simulation portions of Pharmacy Practice Lab and Biomedical Laboratory IV. His didactic teaching focuses on a variety of clinical topics and regulatory issues. In addition to his work with pharmacy students, Dr. Maidhof also works with St. John's University Physician Assistant and E.M.S. students in the physical assessment laboratory.

Dr. Maidhof's primary area of interest is the incorporation of innovative technology into pharmacy

education and practice. His current research projects include the role of human patient simulation in pharmacy education as well as interdisciplinary education, the utilization and benefits of carousel dispensing technology in a compounding laboratory when preparing parenteral products, and the use of iPad[®] technology as an educational tool for patient counseling in the community setting.

This month, the Rho Chi Post had the immense opportunity to sit down with Dr. Maidhof and conduct an interview to speak about a variety of topics, from his recent awards and counseling patients, to watching TV with his daughter.

Q: First, the Editorial Team at the Rho Chi Post would like to congratulate you on the professor of the year award for the St. John's University College of Pharmacy and Allied Health Professions. How does it feel to be the professor of the year, chosen by your very own students?

A: It is indeed a great honor. To first be named the Rho Chi faculty inductee for 2012 back in January and now to be voted the professor of the year for the College of Pharmacy and Allied Health Professions, I can think of no two greater honors for a professor. Moreover, to receive both honors in the same academic year is just amazing. I would like to thank all the students for their hard work and support. One of the words our dean conveys on a regular basis is that teaching at St. John's University and serving our students is a privilege, and I truly believe that. The honors I have received this year serve as a strong reminder of the dean's comment and I will continue to work hard for our students.

Q: What are your teaching aspirations for the next school year and in the coming years?

A: In the next few years, I hope to build upon the solid foundations set in Simulation Lab and im-

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prove the learning experience for all students. I will work closely with our laboratory committee, as we work together to come up with new topics to introduce in lab. I know one topic for which I am very excited that will be new to Simulation Lab for the 2012-2013 academic year will be a discussion and hands-on activity introducing students to various surgical supplies.

Overall, I am very proud of the bar we set in Simulation Lab. I believe everyone teaching in the lab has a love for our students and works hard to make it a positive and challenging learning experience.

On a personal note when I think of my own aspirations and potential growth at St. John's University, the sky is the limit. I plan to serve St. John's University for a long time to come and with that said, will welcome any new challenge the college presents that will help me better serve our students.

Q: Do you have any mentors? What are some examples of the guidance that they provided you?

A: I have quite a few mentors in my professional life. The first people I think of are Boris Tepper and Solomon Neier. I started working in a pharmacy when I was 15, for Boris. I think it was the best possible first experience a person could have working in a pharmacy. Boris knew all of his patients by name, knew their families, and knew about their lives. Patients had such respect for him. When I picture an image of a pharmacist, I think of him. It was his professional example and attitude towards me that made me want to become a pharmacist. I wish I still kept in touch with him so he can see what I have done with my life. Sol and I worked together in my first Eckerd® store where I was the supervising pharmacist. He owned his own business, sold it to Eckerd®, and came to work with me. Sol definitely taught by example. He taught me how to listen to people and to treat patients as if they were members of my family.

Another mentor in my life is Dean Mangione. I have tremendous respect for our dean and I admire his intellect, strength, and ability to captivate an entire room with the power of his words during speeches. The dean has put his faith and trust in me a number of times regarding various projects and I hope I have made him proud. I am already grown up so I cannot use that line anymore, but as time goes on the best compliment I think I could receive is "You remind me of Dean Mangione."

Finally, all of my colleagues in the Clinical Pharmacy Practice Department are my mentors. They have all taught me little ways of how to become a better professor. I consider them all part of my family and am grateful to have them in my life.

"I plan to serve St. John's University for a long time to come and with that said, will welcome any new challenge the college presents that will help me better serve our students."

Q: What has been your favorite clinical block to teach?

A: I feel that this is question is impossible to answer, as I enjoy all of the clinical blocks that I teach. However, if you were to ask me which moment I look forward to each year, I would have to say it is during the Neurology section where we watch a video on Parkinson's disease.

[For those who have never seen this video, it shows a patient with Parkinson's disease, as well as how the disease limits his functionality. The video then goes on to compare the behavior of the same patient while on drug therapy and illustrates the profound positive impact that pharmacological interventions can have on such patients.]

Every year, when I play the video, I turn around and watch the students' faces as they watch the short clip. Seeing their faces as they view the profound impact the drug provides to

the patient is priceless. Regardless of the number of times I watch the students' reactions, I still find the outcome amazing, almost palpable.

Q: Every year, you teach us about a variety of OTC products. What is your most favorite OTC product?

A: *[Laughs]* I really do not use OTC medications, so I will tell you the best OTC product I used when it came to my daughter. I will go with Triple Paste[®] used for diaper rash. As a father, I found that it works very well and gets the job done every time. I would however give the ear thermometer a close second. It comes in very handy in the middle of the night with a crying baby.

Q: What is the best counseling advice to give any patient?

A: This is a very hard question. There is so much information we as pharmacists need to share with our patients and only so much they can take in. However, if there were only one piece of counseling I could give to my patient, it would definitely be to call the pharmacy in case they had any questions or concerns. If they notice something different or have any doubts, they should know and feel comfortable to call their pharmacist for help.

Q: What are some of the technological advances that we can expect (and/or have seen) in the simulation lab?

A: We continue to grow in order to provide the best experience available for each student. In the near future I hope to find a state-of-the-art software system for dispensing medications that will also be compatible with tablet technology, so we may regularly utilize iPad[®] technology in the lab. I strongly feel tablet technology will assume a greater role in pharmacy practice and we must embrace this technology here at the college.

Q: I remember being a part of study that was being conducted in the Rite Aid[®] com-

munity simulation lab not too long ago regarding the use of iPads[®] and counseling. What is the status on that study?

A: Currently, I am working on a poster presentation with Dr. Gillespie for the upcoming American Association of Colleges of Pharmacy (ACCP) Annual Meeting. The compiled results will be available shortly. Later this year, we hope to present our results as a journal publication.

Q: What is one thing that you would like to add or remove from Simulation Lab?

A: Again this a tough question to answer. I do not feel that we should remove any of the components covered in lab. Each component is very important.

However, I do believe that there are some areas for improvement. For instance, we should increase the amount of time that we spend learning about OTC products. As pharmacists, we must have the training to be able to answer the self-care questions put forward to you by your patients. I also feel that learning about durable medical equipment (surgical supplies) would be very useful to students.

Q: What is your favorite inhaler?

A: *[Laughs]* I will give you two answers.

If I had to choose one based on level of importance, I would choose a rescue inhaler such as Proventil[®] (not to take anything away from any other inhaler). It is so vital to remember how to use an inhaler properly, such as this in the case an emergency arises. All pharmacy students should know how to counsel on a rescue inhaler like the back of their hand.

If had to choose one based on a feature, I feel the Maxair Autohaler[®] is very cool. The fact that it is breath-activated makes it much easier for patients to use, not having to worry about inhaling and releasing the medication at the same exact time. It is a great idea!

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Q: Between acetaminophen and ibuprofen, which do you prefer?

A: *[Laughs]* Well, personally, I tend to use them based on what I am treating. I have found that using ibuprofen works well to treat any sports injuries I may get. In case of a headache, I use acetaminophen and find that it works very well.

Q: It is evident from when you teach and use examples of your experiences self-treating your daughter that she is constantly in your thoughts. What is your favorite TV show to watch with your daughter?

[For readers who are unaware, Dr. Maidhof has daughter named Ava. She will be turning four in May.]

A: For those students who do not know this, I am a huge music fan and student, [in the past, Dr. Maidhof has volunteered as a DJ at APhA-ASP's on-campus events] so Ava has been exposed to a variety of different music. I cannot wait to teach her how to DJ. I want her to embrace music and the art form as I do because I feel it is a very important part of life. In addition, I want her to be the coolest kid in Floral Park.

In regards to the favorite show, I will classify it into two categories. Our favorite adult show is The Voice while our favorite kids show is Fresh Beat Band.

Q: Do not be surprised if one of these days you see Ava on The Voice or American Idol. Moving on to a more serious note, do you have any practical advice to current students?

A: In fact I do. When learning about medications, do not lose sight of the bigger picture. I know it is hard but try not to just memorize facts. Be sure to understand the disease state well, which will then allow you to understand the theory as to why certain medications are used. It will provide for you a better all-around understanding of the drugs themselves.

Remember to keep balance in your activities.

Spend some time participating in hobbies that you love, which will allow you to not burn out and focus better on your studies.

College is about finding yourself. Be sure to spend enough time analyzing your progress as a person as well as a professional. You only go to college once.

Once you graduate, do not lose touch with your friends and faculty. After six years, you are a family, and it is important to remember your journey and the memories that that you created while you were at St. John's University.

See the world! Life moves quickly so make the most of the opportunity while you are able to. It gets tougher to travel as the responsibilities pile up.

[Putting the father hat on]

Pay back those loans (if you have them) as soon as possible. If you could afford to pay a little more each month, do. Be sure to be responsible and save some money, you never know when you are going to need it. Also, spoil yourself a little. You worked hard for it.

Spend some time talking to your parents and learn from their experiences. They have a wealth of knowledge and they love you more than anyone or anything.

“As pharmacists, remember to be human and avoid being robots.”

Try to learn each patient's name and take a genuine interest in him or her. Be sure to speak to them on a personal level and be compassionate. Patients may be under a lot of stress when they visit you. Be a source of comfort for them.

Q: I am sure the students that read your advice are grateful for it. Do you have any closing comments?

A: I would like to take this opportunity to thank our Rho Chi chapter for all that it does. Receiving a nomination as an inducted faculty member in January was one of my proudest moments, and I

will forever cherish the pride that my family had for me when I received this honor.

I would like to thank all my students for wanting to learn and for making me proud to be their professor. It is your enthusiasm to learn that keeps me going.

Lastly, I would like to thank the Editorial Team here at the Rho Chi Post. When I was in pharmacy school, we never had a publication of this sort.

Your efforts in putting out this newsletter are truly worth it. You should be so proud. Work hard to ensure that you maintain the legacy of this newsletter.

The Editorial Team of the Rho Chi Post would like to thank Dr. Maidhof for taking the time to conduct this interview with us.

You may contact Dr. Maidhof at maidhofw@stjohns.edu

RHO CHI EXECUTIVE BOARD MEMBER INSIGHT: ALEENA CHERIAN BY: MOHAMMAD A. RATTU, PHARM.D. CANDIDATE C/O 2012



We sometimes need to step back and look at our foundations for success. Clearly, without the support of past and present Rho Chi executive boards, there would be no Rho Chi Post newsletter. Over the next five issues, we will learn about each of our local chapter's board members on a more personal level. Our insight will predominantly include their nicknames, hobbies, favorite quotes, reasons for accepting the Rho Chi invitation, and motivations for becoming part of the executive board.

Our first executive board member insight is with Aleena Cherian, current fourth year student pharmacist and Treasurer of Rho Chi.

Q: We all have nicknames, for one reason or another. What have people called you, either in the past or right now in college?

A: Lennie is the most common nickname people have for me, but people have also called me Leenz, Leenie, LeeLee, especially when they are being silly.

Q: Ha-ha! It seems like they really focus on your first name! What are some things that you like doing outside of pharmacy?

A: I am one of those "weird" people who have a million hobbies and could never pick one, but music and art are probably my mainstays. I love graphic design, sketching, and painting but I am also open to all kinds of crafting/constructing. I am usu-

ally working on at least one project at any given time or else I become restless.

You can find me playing piano or guitar when I have free time, but even if I do not have time, you can hear me sing literally no matter WHAT I am doing. A funny story: when I first started working in a community pharmacy, my boss once commented on my voice because I did not realize that I always hummed when counting pills to keep myself on track!

I guess I am also really into sports. I played basketball a lot in high school and still occasionally do at Taffner Fieldhouse when I have the time. If I could have, I would have loved to play football, but somehow that did not work out... but I love football, football season, and the New York Jets... WOOHOOO!

Q: I can totally relate with always having a project to work on – I am an Achiever, at heart. I bet that if you take a StrengthsFinder test, "Achiever" might also be one of your natural talents! So, what is your favorite quote?

A: I have a different one each week. Lucky for you, this week happens to be a good one!

**"When wealth is lost, nothing is lost;
when health is lost, something is lost;
when character is lost, all is lost."**

- Rev. Billy Graham

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Q: That quote sends me back to Philosophy class – it is quite profound! When you received an invitation to the Rho Chi Academic Honor Society, why did you accept it?

A: Well, I thought, “why not?” If you have the opportunity to represent your profession, especially through a prestigious honor society like Rho Chi, you should not pass it up. I sound like an advertisement for Rho Chi now, ha-ha.

Seriously, though, when you are in college, it is important to prevent yourself from bogging down into the tunnel of studying, textbooks, and lecture recordings. Both personal and professional engagements are important; Rho Chi is an awesome opportunity for the latter. It is a benefit to yourself as an individual because you set yourself apart from many other students of pharmacy on various levels. You achieve the standard for invitation to Rho Chi and gain exposure to programs (e.g. Alumni Insider View events, various workshops) that equip you to become a better pharmacist in the future.

It is also an opportunity to give back to the campus and community: you have opportunities to interact with students and faculty. You also advance the pharmacy field on campus, especially through our open events and digital media like this Rho Chi Post. At the most basic level, I meet new people, learn more about my professors on a personal level, better represent the profession of pharmacy, and remain involved with programs.

All of these things, honestly, are more interesting than just sitting at home memorizing receptor-ligand binding models – no offense to pharmacology, though!

Q: Very well said – participation in Rho Chi is outstanding and more worthwhile versus

the simple paradigm of attending classes, studying, and taking examinations. Finally, what was your impetus for applying to an executive board position?

A: Quite simply, I like being involved.

I have actually held executive board positions with student organizations since my sophomore year at St. John’s University. During my first semester of fourth year, it was the first time in two years that I was not going to executive board meetings or planning events, and I thought it would be a nice break and a time to focus on classes. However, I found myself missing that feeling of just being a part of the busy atmosphere that makes this campus run, and I missed that sense of purpose from DOING something besides just studying.

“Both personal and professional engagements are important; Rho Chi is an awesome opportunity for the latter.”

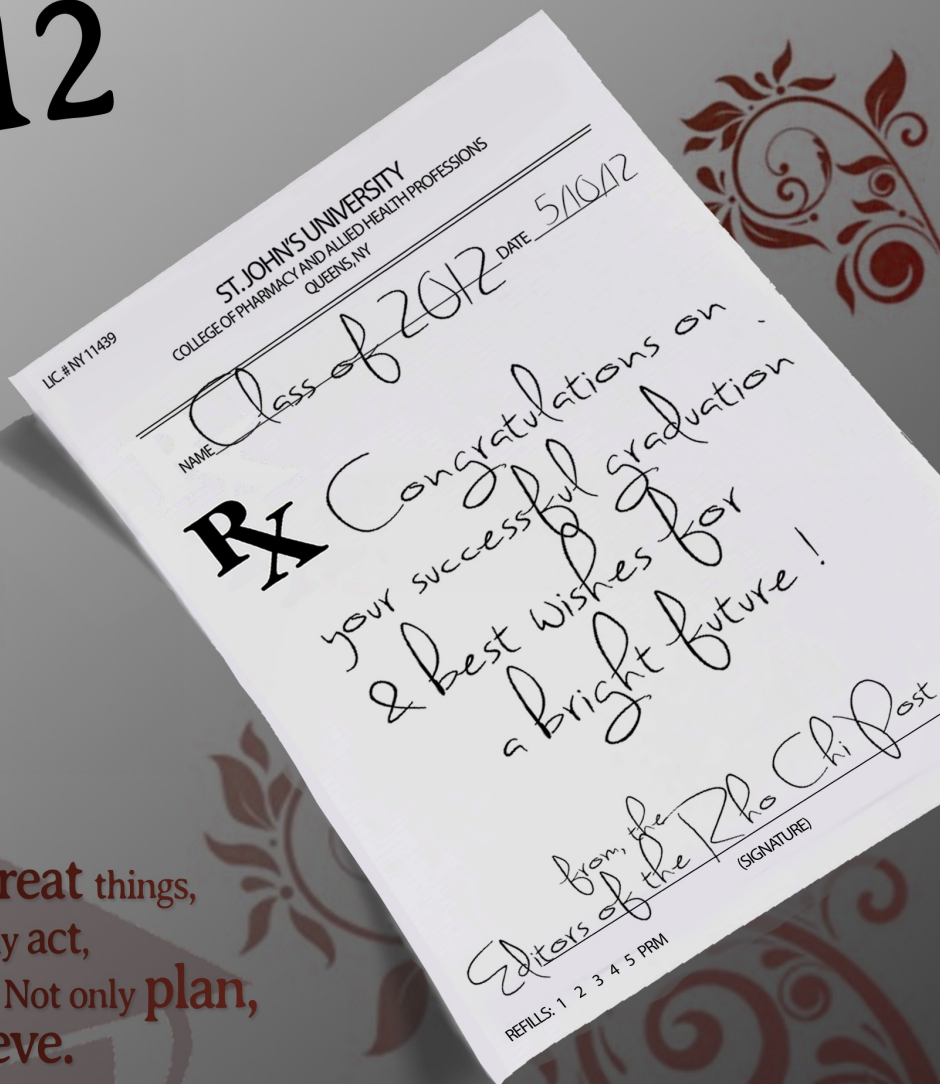
In addition, after two years of experience, I understood that I was qualified and well informed with the way that organizations and Student Government, Inc. (SGI) function. I believed that I could help make decisions and plan programs that would benefit Rho Chi, and have always held to the principle that if you CAN do something to help or offer your skills, there is no excuse not to do so.

We thank Aleena for taking the time to provide us with this insight, and look forward to highlighting the other Rho Chi executive board members.

If you have any additional questions for Aleena, please email her: aleena.cherian08@stjohns.edu

**We also want to learn about your E-Board!
Email us at rhochis@gmail.com
and we will feature your interview in our next issue!**

Congratulations, Pharm D. Graduates! 2012



To accomplish great things,
we must not only act,
but also dream. Not only plan,
but also believe.

-Anatole France

Rho Chi Post

Artist: Aleena Cherián, Pharm.D. Class of 2014

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(SELECT) 2012 PHARM.D. HOODING CEREMONY PHOTOS BY: MOHAMMAD A. RATTU, PHARM.D. CANDIDATE C/O 2012





ROLE OF CALCIUM CHANNEL BLOCKERS AND BETA BLOCKERS IN CHF BY: LUNBAO (JERRY) HUANG, PHARM.D. C/O 2013

The seventh report of the Joint National Committee on high blood pressure (JNC-7) states that most classes of antihypertensive drugs such as angiotensin converting enzyme inhibitors (ACEIs), angiotensin-II receptor blockers (ARBs), beta-blockers (BBs), diuretics, and aldosterone-receptor antagonists can be used for hypertensive heart failure patients except calcium channel blockers (CCBs).¹ JNC-7 recommends using ACEIs and BBs to treat hypertension in patients with Stage B and Stage C left ventricular dysfunction. ARBs are used in patients who cannot tolerate the adverse effects from ACEIs.^{1,2,12} BBs are used based on clinical studies that demonstrate a decrease in morbidity and mortality.¹ The ALLHAT study suggests that CCBs (more specifically, amlodipine, a dihydropyridine,) are shown to be effective monotherapy antihypertensives. However, amlodipine was associated with a higher incidence of heart failure compare to thiazide-diuretics and ACEIs.³

The three groups of BBs are the selective beta-1 adrenergic receptor blockers, the non-selective beta-1 and beta-2 adrenergic receptor blockers, and the nonselective beta-blockers with alpha-receptor blocking activity. A study done on nonselective beta-blockers with alpha-blocking activity in 2001's Packer et. al. reveals that the intervention group taking carvedilol experiences less death than the placebo group during treatment of heart failure patients.⁴ This same trial also demonstrates that sustaining a very low blood pressure (systolic <100 mmHg) may be desirable in some heart failure patients.^{1,4} Some nonselective beta-blockers such as acebutolol and pindolol have intrinsic sympathomimetic activity (ISA). These beta-blockers with ISA have partial agonist activity at beta-receptors while

still blocking both beta-receptors. This drug activity is therapeutic for bradycardic patients. However, there has been no benefit shown with using these agents in hypertensive patients with heart failure. MERIT-HF suggests that using metoprolol CR/XL in patients with symptomatic heart failure would improve survival and reduce the need for hospitalization due to worsening of heart failure.⁵ A more updated post-MERIT-HF study shows that BBs still reduce morbidity and mortality in patients with heart failure.⁶

The two sub-classes of CCBs are dihydropyridines and the non-dihydropyridines. Dihydropyridines' mechanism of action mostly focuses on decreasing peripheral resistance by vasodilation. Non-dihydropyridines work mostly at the heart as negative inotrope and chronotropes. They decrease heart rate and contractility, thus decreasing oxygen demand by the heart. This is why they are beneficial for patients with angina, atrial fibrillation, and atrial flutter (i.e. heart attacks). A research support article suggests that using a combination of digoxin with a BB or a non-dihydropyridine CCB is better than using digoxin alone in controlling both resting and exercising heart rate in patients with atrial fibrillation or systolic functional heart failure.

A recent study done by Braun et al. on patients with congestive heart failure (CHF) demonstrates that BBs can improve left ventricular function in CHF patients.⁷ A total of 63 patients were separated into 3 groups. The first group contains 20 patients who used metoprolol and felodipine. The second group contains 23 patients using metoprolol and placebo. The third group contains 20 patients using placebo only. Treatment includes a

month of titrating, 2-6 months of treatment, and six more months of follow up. A way to measure outcome is with hemodynamic tools such as measuring left ventricular ejection fraction (LVEF) and left ventricular end-diastolic diameter (LVEDD). The metoprolol and placebo group shows an increase in LVEF ($P<0.01$) and increase in LVEDD ($P<0.05$). In contrast, the combined therapy with the long-acting calcium antagonist felodipine neutralizes these beneficial effects of metoprolol therapy to almost placebo level. Clinically, the study suggests the use of BBs only for treatment of hypertension in CHF patients. The study provides evidence based on hemodynamic measurements that the combination of dihydropyridines diminishes the effect of BBs so a combination method is not preferred in CHF patients without hypertension. While deciding between using CCBs and BBs, the current indication for treatment of heart failure patient with hypertension remains a low dose selective BBs.^{6,9}

“...combination of digoxin with a BB or a non-dihydropyridine CCB is better than using digoxin alone in controlling both resting and exercising heart rate in patients with atrial fibrillation or systolic functional heart failure.”

In conclusion, there have not been many studies done on CCBs used in heart failure patients since seeing a high mortality rate in pioneer trials. It is debatable whether more studies on the subject will trump the known danger of CCB use in heart failure patients. ACC/AHA guidelines suggest that it is safe to use BBs in Stage B Class I (regardless to ejection fraction, evidence A) and Stage Class I, IIa, IIb and III. CCBs are used for Stage C Class III heart failure patients even though it is

not recommended as discussed previously.⁸ Many studies and guidelines continue to support ACEIs as first line agents for heart failure.^{1,8,10} CCBs are used as last line agents for patients with comorbid systolic heart failure.¹³ It is beneficial to use non-dihydropyridines for patients with angina and paroxysmal supraventricular tachycardia (PVST) because of their negative inotropic and chronotropic effects. ACC/AHA guidelines recommend a four drug combination of a diuretic, an ACEI (or alternative of an ARB), a BB and digoxin for routine management of left heart failure.^{1,8,10,11,12}

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NEW YORK PRESCRIPTION SAVER CARD BY: EBEE SOMAN, CO-EDITOR-IN-CHIEF

The New York Prescription Saver is a pharmacy discount program sponsored by New York State designed to help eligible residents (who have no insurance) pay for their medications. To be eligible, one must be a resident of New York State; not have Medicaid; be between the ages of 50 and 65 years old or be disabled and getting SSDI or SSI payments; and have an annual household income of less than \$35,000 if single and \$50,000 if married.

Participating pharmacies agree to provide medications at a discounted rate, as arranged by payment contracts signed with the program. This may help patients with no insurance pay for their medications. It enables them to increase adherence to their therapies.

So on behalf of all the patients, I would like to thank all the participating pharmacies for

thinking of the patients first and bringing another humanistic approach to community pharmacy.

Below are some organizations that participate in the program. You may visit the program's website to view a complete list of pharmacies near you.

For more information visit: <https://nyprescriptionsaver.fhsc.com/>. To join, complete the application at: <https://rxdcas.fhsc.com/rxdcas/pages/unsecured/rxdcas/ny/nyApply.jsf>

IMAGE SOURCE:

https://nyprescriptionsaver.fhsc.com/images/img-Partners_all.gif



PUZZLE: CROSSWORD BY: MAHDIEH DANESH YAZDI, ASSOCIATE STUDENT EDITOR



Answers on **page 41!**

ACROSS

7. Intranasal steroid also indicated for the treatment of nasal polyps
8. Fluticasone furoate
10. Monoclonal antibody indicated for seasonal and perennial allergic rhinitis
11. Intranasal formulation of antihistamine/mast cell stabilizer
14. Antihistamine which is a metabolite of hydroxyzine
18. Xyzal
19. Intranasal steroid which is pregnancy category B
20. Less concentrated version of Pataday

DOWN

1. Fluticasone propionate
2. Intranasal steroid which boasts increased retention in nasal mucosa due to a hypotonic delivery system
3. Pheniramine + Naphazoline
4. Loteprednol
5. Second generation tricyclic antihistamine
6. Second generation antihistamine available only as an eye drop, used to treat allergic conjunctivitis
9. Leukotriene modifier approved for seasonal and perennial allergic rhinitis
12. Best-selling antihistamine which became available OTC in 2011
13. As Astepro it is made with a sucralose and sorbitol vehicle, as Astelin, it is made with a saline vehicle
14. Mast cell stabilizer sometimes used in seasonal and perennial allergic rhinitis
15. Active metabolite of loratadine marketed since 2002
16. Zaditor
17. Intranasal antimuscarinic agent

MATCHING CHALLENGE: LOOK-ALIKES, SOUND-ALIKES BY: ADDOLORATA CICCONE, STUDENT COPY EDITOR

The following medications are easily confused.
 Try to match each one with its corresponding fun fact.
 If you need help, please view the answers on **page 41**.

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. This sustained-release selective beta-blocker has been shown to be effective in reducing the risk of death in patients with chronic heart failure. 2. In a patient with advanced chronic heart failure suffering from volume overload, this diuretic may be added to traditional loop diuretics to augment diuresis. 3. This selective alpha-agonist is used in the treatment of symptomatic orthostatic hypotension; it acts by increasing vascular tone and raising blood pressure. 4. This prostaglandin has cytoprotective activity useful in healing acid-related disorders by increasing gastric mucosal secretions; however, it is contraindicated during pregnancy, as it increases uterine contractility. 5. Creatinine clearance is the primary tool used to assess renal function to determine whether dosage adjustments are necessary for medications; however, for this agent, use is contraindicated in renal dysfunction defined as a serum creatinine greater than or equal to 1.5 mg/dL in males or 1.4 mg/dL in females. 6. This agent may mask symptoms of hypoglycemia in diabetic patients; sweating remains a warning sign. 7. This agent is the drug of choice in the treatment of <i>Clostridium difficile</i> colitis even though it is not an FDA-approved indication. 8. This agent is used in the treatment of hyperthyroidism. The most common adverse reaction caused by this potent thioamide is a maculopapular pruritic rash; a rare, more serious adverse effect is reversible agranulocytosis. 9. This skeletal muscle relaxant may color urine brown, black, or green. 10. This progesterone antagonist can be used at high daily doses to treat hyperglycemia caused by elevated cortisol levels in patients with Cushing's syndrome; however, when given as a bolus dose, it is used as an abortifacient, thus pregnancy should be prevented during and for one month after treatment. | <ol style="list-style-type: none"> A. Metformin B. Methimazole C. Methocarbamol D. Metronidazole E. Metolazone F. Metoprolol succinate G. Metoprolol tartrate H. Midodrine I. Mifepristone J. Misoprostol |
|---|---|

SOURCES:

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A FRESH PRESPECTIVE ON PHARMACY BY: DAWN HUR, PHARM.D. CANDIDATE C/O 2017

While going through the rigorous six years Doctor of Pharmacy program at St. John's University College of Pharmacy and Allied Health Professions, we as students will continuously ask us if Pharmacy is the "right" career choice. Because I had given up a normal college life of taking elective courses, changing majors countless times and transferring to another school, I felt very limited by the rigid curriculum of the program. It seemed as if there was only one straight road ahead of me. I constantly asked myself if I would be able to go through five more years of *this*. I was looking for someone to give me a firm statement that I had chosen the right path.

In order to find that person, I attended many career events and I was able to meet a number of professionals from different areas and learn their insights and passion for Pharmacy. For example, the event "Building a Meaningful Career" invited four alumni who are deeply involved in the pharmaceutical industry to share their experiences. They were the pioneers who took paths that many people did not, such as fields of marketing and law. They inspired me to widen my perspective for other possibilities, and not remain confined to the "usual" career choices.

The most memorable event that I attended was Rho Chi's "Coffeehouse Chats" because it definitely put an end to my doubts. Students and faculty came together and had conversations during the Coffeehouse Chats, sharing their experiences at St. John's University. My favorite part of the night was when the facilitator asked us what we love the most about the College of Pharmacy and Allied Health Professions. There were many answers for this one question, but they were all directed to one

point: the solid relationships among fellow students and faculty. I could relate to this personally because when I contacted professors that I had never met before about Pharmacy careers, they willingly met with me to answer my questions in person. Although I am only a freshman student and have yet to meet a majority of the faculty, I realize that their passion for teaching and for students has largely influenced me already. I have met many wholehearted supporters here at St. John's University. Friends, faculty, and my mentors all play crucial roles in my life, and I truly appreciate an environment where I am receiving encouragement to venture and explore.

I ponder about my future at times, but I am meeting inspirational people along the way who motivate me to grow and learn. What I clearly realized was that I was limiting my own perspective of the Pharmacy program. There are so many options available for me, and I feel that I just need to remain open-minded. Now, I am more concerned with choosing only one career out of all the possibilities that I have!

Some of my friends are still struggling with the same question that I had – whether or not the pharmacy career is right for them. Six years is indeed a long time to invest in education, and we could easily get lost along the way. However, I feel that it will only be as great as the amount of time and effort that we put into it. I had been limiting myself, and I was not able to see the many possibilities open to me. I had expected someone else to tell me that I belong to this program and that I had made the right decision.

Fortunately, I now realize that I am the final person to make these determinations.

A REFLECTION OF A FIRST YEAR PHARMACY STUDENT

BY: SYLVA OHANIAN, PHARM.D. CANDIDATE C/O 2017

Finally, I understood the hype.

Impatience rendered my heart anew as I rushed into an epiphany 1,353 feet above Chicago. The Skydeck was flooded with tourists and natives alike, continuously breaking record-numbers in visitors. Why do they continue to come en masse here? Is it the overwhelming feeling of “being higher” than everything or is it the marvelous sight that is provided, which is seldom viewed on a day-to-day basis? For me, it is neither. Heights do not only displace us from Earth but from our perspectives as well. When I looked down at the night hugging the city of Chicago I looked down on unfamiliarity, the unknown. The feelings evoked atop were the same feelings evoked during lab in chemistry class, looking down into my laboratory beaker. Combinations and reactions of various elements had me fascinated. Moreover, viewing pictures in class of experiments I was yet to perform was like viewing the 30-minute video of the Skydeck before ascending it. There was curiosity to be satisfied.

This curiosity was the prime motivation for me applying to St. John’s University College of Pharmacy and Allied Health Professions last year. Looking back on my first year as a pharmacy student, I evaluated if my curiosity had been satisfied and am pleased to realize it has, knowing there is more to becoming a pharmacist than handling drugs. I formulated this opin-

ion as a first-year student. I also formulated that each year in pharmacy school has an accompanying theme. This year’s theme was the adaption from a high-school life to a college life. As a dormer, learning to appreciate the diverse crowd on campus is not a difficult task. Orientation allowed me to do this. For the incoming freshman class, orientation is one of the most important events of the year. It is where I met people with similar yet varied principles. As a result, I exposed myself to refreshing ideas and increased my creativity.

Furthermore, aside from living on campus, studying on campus has been a recent experience as well. Although it may be stressful at times, studying on campus is a great way to concentrate on a goal in my mind. For instance, the library in St. Augustine Hall makes it relatively simple to study to an “A.” The silent-study area on the first floor allows all-night, uninterrupted study sessions, if one is willing to stay awake. Moreover, a neighboring café provides ways to regenerate when you are starting to feel drowsy. This helped me a lot during my first two semesters.

As finals draw near, I am the only one in St. Augustine Hall; trying desperately to stay awake, flipping through pages and pages of material, and realizing that being 412 meters high is not necessary for one to be fascinated.

How has pharmacy school changed you?

Write to our editors at

rhochis@gmail.com and we will

feature your article in our next issue!

STUDENT PHARMACIST STAR OF THE MONTH: MOHAMMAD A. RATTU BY: MARIE HUANG, ASSOCIATE STUDENT EDITOR



Each month, the Rho Chi Post has the wonderful opportunity to sit down with an inspiring leader among the student pharmacists here at St. John's University College of Pharmacy and Allied Health Professions – someone who is not afraid to

stand apart from the crowd and can be the change he or she wants to see in the world. This May, Mohammad A. Rattu, a 6th year PharmD candidate speaks to us about reflections, having a mission, and elephants on the road.

Q: I do not mean to be too forthright; with you being a man of many accomplishments, I can count the number of students who do NOT know you by name on one hand. Within the last four years, have you tried to pursue something but had to stop doing so because of strong adversity? If so, how did you work around or come to accept it?

A: While I tend to focus on the positive aspects and achievements in life, unbelievably, each of the last four years, I have faced significant adversity. I frequently feel like Galileo, particularly when he tried to convince everyone to believe his heliocentric theory (that the Earth revolves around the Sun).

One small example of something that I wanted to pursue, but could not successfully achieve, was the creation of a centralized portal for all pharmacy-related organizations. I went so far as to drafting a PowerPoint presentation for potential viewers about the concept, but found that each local organization wished to have its own control over design and content. This idea of mine was not something like OrgSync – it was far from it, and, not to sound overzealous, but could have been the standard for developing and communicating between student organizations. Through this and many other experiences, I un-

derstand that although I could have the greatest ideas in the world, if I do not know how to communicate them or find the correct people to advertise them to, it matters very little to the world.

Essentially, I feel that we can offshoot most, if not all, adversity with appropriate interpersonal communication.

“...I understand that although I could have the greatest ideas in the world, if I do not know how to communicate them or find the correct people to advertise them to, it matters very little to the world.”

Q: What made you come up with the idea for building a “centralized portal,” and how would it be different from OrgSync? Most importantly, do you believe that effective communication between pharmacy organizations on campus is rather lacking?

A: In the beginning of my third year, I conjured the centralized portal idea after meeting Daisy Choi and Christine Chim (through Michelle Per-nice) at an APhA-ASP Milk and Cookies Social event. It was truly the weirdest but most serendipitous time, place, and venue. The event had attendees from various organizations, but they had many things in common and really just wanted to enjoy the food! Anyway, after some discussions with Daisy and Christine, I strongly considered becoming a part of the executive board for APhA-ASP. On the application, I do remember that there were questions like, “what ideas do you have for future events?” and “what would you bring to APhA-ASP?” In coming up with answers to these and many others, I found myself simply wanting to bring some unity (at least among student organizations), and the centralized portal was just one of my proposed methods for accomplishing this.

Now, in comparison to OrgSync, this centralized portal would have, at the very least, offered the ability for each organization member to:

- (1) easily find executive board members' contact information
- (2) integrate Facebook, Outlook, Gmail, and other calendars within one page
- (3) create multi-organization events
- (4) have multi-organization-wide online chats
- (5) have transparent budgets and earned incomes
- (6) create flyers without advanced Photoshop knowledge

The communication between pharmacy organizations continues to vary because we have a yearly turnover of student executive boards. As I confirmed in my amazing leadership elective with Dr. Brocavich, when someone receives an elected position, he or she spends about three months figuring out what his or her position entails. For the next six months, he or she tries to do something with the position. In the last three months, this person comes up with some bright ideas to improve what they experienced, but finds his or herself either more involved with other responsibilities or simply unable to apply for the same position next year.

Personally, I feel that I combated this turnover by remaining close and personal with APhA-ASP and Rho Chi executive board members. I maintained relatively the same position or capability within each organization. Over the last two years, we have evolved the "Historian" position to have a Media Relations function, and it better describes what I do on a regular basis. I took my talent and passion for creativity and made it a professional hobby through APhA-ASP and Rho Chi. Alternatively, I only served one year with Phi Lambda Sigma, and found that, ironically, it was very difficult for me to communicate or relay inspirations to that organization's members. It was a great society, but, once again, I found it very difficult for students to become leaders within short periods of time and also without an appropriate understanding of the meanings behind leadership (and management).

Leaders should inspire their members and motivate them to achieve beyond their expectations. Alas, I feel that out of all of the pharmacy organizations that we have on campus, very few of their executive board members know or understand these concepts.

Q: Because it takes such a long time for a new executive board member to become accustomed to holding a position, what advice would you give them (specifically freshmen or sophomores who are more often than not unfamiliar with executive board responsibilities)?

A: Embody a significant and meaningful three-month transition period like during the summer time, during which the new executive board member not only receives a binder of past things in written format, but also some hands-on practice with paperwork, media creation, time managed activities, and other tasks specific to the position.

Establish an organization-specific mentorship program for interested candidates. Through this program, provide them realistic exposure and delegate some of your responsibilities to your mentees. The closest working example to this is the President and President-Elect system for APhA-ASP, where the President-Elect is not simply a Vice President; he or she becomes the President the following year, but has one year of prior experience. Anecdotally, APhA-ASP presidents have a profound comprehension of their tasks and responsibilities. I feel that they are usually equipped with the appropriate amount of training to focus on innovations during their term.

"I strongly encourage freshmen and sophomores to at least JOIN organizations, LEARN about the organization's Mission/Vision/Values/Goals, ATTEND the meetings/events, COMMUNICATE in person and via email with the current

executive board members, and RUN for positions in upcoming elections.”

Q: Let us hear more about your reflection on the past years. As a freshman coming to St. John's University College of Pharmacy and Allied Health Professions, and now a 6th year, one step away from a doctorate, how have your perspectives on the career and your future changed?

A: Ah, reflections – I actually have been working on many personal writings during the semester. Each year of the pharmacy program was a personal and professional learning experience.

In freshman and sophomore years, I rarely interacted with student pharmacists outside of the classroom environment. I spent more time with people who were from education, history, and biology majors. As a student 12 credits ahead of his classmates (due to transfer-credited English and Math courses), I found myself always wanting to explore what I could do with so much “free time” during the initial college years. Now, this did not mean that I poorly managed my time – quite the contrary! At the very least, I would acknowledge how many hours I spent traveling to school, eating, sleeping, and watching TV. I subtracted this number from 168 (the number of hours in a week), and determined how much time I had during the week to accomplish a flexible list of items. To this day, I still go through this routine on a weekly to monthly basis.

Of course, in the first two years, my classes were not content-intense, and there were so many opportunities for obtaining extra credit on my examinations. In my free time and particularly during the summer, I hosted several on-campus picnics, as well as off-campus volleyball, billiard, and basketball games. I frequently ice skated, played arcade games, and had profound in-person communication with my friends.

I attended Pharmacy Career Day in spring 2008, and applied to several community pharmacies. Within a couple of days, I received a phone

call asking me if I wanted a position with Walgreens in Staten Island. I kindly declined the offer, as it would have been almost impossible for me to make the commute. Almost the next day, I received another phone call from Walgreens – it was a pharmacy supervisor in a South Ozone Park store interviewing for a candidate in the Jamaica/Parsons store. I was with one of my best friends from high school when I learned the news. We were walking from Corona to Flushing (over the bridge), and most likely rejoiced that moment with a classic pie of pizza. I eventually obtained the position at Walgreens, and to this day, know that it happened for great reasons. My experiences in community pharmacy, combined with the first two years of pharmacy, served as impetuses for me to enhance the focus I had on my education.

During the third year of pharmacy, many things changed – but for the best. It was a severe contrast from the first two years, and I found myself unable to participate in a majority of the activities listed above. My interaction with colleagues outside of the pharmacy program significantly decreased. My courses became more pharmacy-focused, and required my full attention in and outside of the classrooms. In my opinion, it was an “expected sacrifice” – for me to learn and understand material, I needed a lot of time. I could not use this same time to frequently converse with my groups of friends, and found myself roughly speaking to them about once per week. While my communication with students outside of the pharmacy program noticeably declined, I developed meaningful interpersonal relations with student pharmacists. I enjoyed having daily lunches, going to baseball games, and speaking on instant messaging programs sometimes up until 2 am in the morning.

I had no idea that even this “free time” would decline. Strengthening my achiever attribute, I also obtained a position within APhA-ASP as the Historian. I applied for the same position in Phi Lambda Sigma, and received an invitation for induction in fall of fourth year.

The fourth year of pharmacy was when everything literally changed. Drugs and Disease courses seemed to have taken over my entire social life. If I previously used even 5% of the hours in the week to speak with my colleagues outside of class, I now used close to 0%. I was still working at Walgreens twice per week, and only had a Saturday to myself, which would frequently become a day to complete my other 20 errands [laughs]. Yet, I still believed that I had the time to do more; so, I applied for the Historian position in Rho Chi. About one month later, in spring of fourth year, I attained a spot on the executive board.

Therefore, stepping back for one moment, in the midst of D&Ds, I responsibly upheld the responsibilities of the Historian position in three pharmacy organizations - APhA-ASP, PLS, and Rho Chi. Yet I still believe that I could have done more. Eventually, I found myself speaking with my best friends from high school about once per month, and explained to them that the next couple of years would become very demanding and time-consuming. Once again, it was an expected sacrifice. I barely planned any event with my friends, and participated in organization-specific (usually on-campus) common hour events. I seldom ice skated, attended baseball games, or went to the arcade.

In fall of fifth year, we completed our D&D blocks and anticipated going onto advanced pharmacy practice experiences (i.e. "rotations"). Of course, we had to pass a competency examination, and it was something that we thought we were ill prepared for. We were scared about the test, and only heard minor anecdotes from our upperclassmen about how it "would not be so bad." I must say, the examination seemed to be more about testing the student's ability to utilize drug information resources and less about memorization. It was indeed a short exam, but I feel that it was also effective at determining whether a student had the basic ability to apply his or her drug information skills.

In spring of fifth year to fall of sixth year, all of our rotations varied. I probably encountered four

or so students very frequently through the year, particularly because we were in the five-month New York-Presbyterian Hospital (Columbia or Cornell campuses) rotation program. I could literally spend one week speaking about how each rotation experience was, but easily, Internal Medicine with Dr. Tran and Medical Informatics with Dr. Lee and Dr. Tiwari were the two major, most influential ones. If the readers have questions about specifics, they could definitely get in touch with me.

Now, in spring of sixth year, I find myself slightly disappointed. As students frequently say, I really wish that we had some of these courses earlier! We do have some flexibility during the semester to plan and attend events, even if the class content is comparable to D&Ds. The actual time required to learn this massive information is the key difference; it is about four times slower (based on exam schedules), and may not be the best for students who are apt to a certain style of learning (e.g. accelerated learning).

I feel that many things could use a change, but also have little to no regrets about my last six years at St. John's University College of Pharmacy and Allied Health Professions. I am extremely proud of the achievements that we have made, particularly through Rho Chi. Our collaborations, communications, and explorations have been outstanding.

However, if I were to return to my first year to provide myself with one piece of advice, it would be to explore advocacy. Our profession of pharmacy, from a legal standpoint, is still quite disjointed – and we find ourselves too confused, busy, scared, or apathetic to take any time off to fight for our rights and demand payment for our clinical services. I feel that barely any practicing pharmacists (especially in the community pharmacy setting) are members of a centralized organization. We seem to have developed many specialized groups, and could possibly forget the "main message." Sure, we could join AMCP, DIA, HIMSS, ASHP, ACCP, ASCP, and many others. Alas, do we understand each organization's objec-

RHO CHI POST (RHOCHISTJ.ORG)

tives? Have you participated in their events? Are you involved on a national level? If you answered “no” to any of these questions, then you really need to go back to square one! I recommend that students join the most encompassing organizations first (e.g. APhA-ASP, DIA), and if you develop an affinity for a particular area, PLEASE join organizations with focused missions, visions, values, and goals. In the end, plain and simple, organizations are the collective tools to help us achieve the best outcomes for our patients.

Indeed, we work to serve our patients.

Becoming a person to “walk the walk,” one of the proposed, long-term projects that I aim to work on, similar to that local centralized pharmacy website, is a collective advocacy movement that not just shows political action support with numbers but with profound meaning. In the short term, upon graduation, I aim to purchase a car, take necessary board review courses, sit for the NABPLEX/MPJE board examinations, obtain licensure, and work at the VA NY Harbor Healthcare System. If all goes well, I hope to continue working on the Rho Chi Post as a practitioner or graduate advisor, and perhaps expand this newsletter's role and reach in cultivating facts, creativity, and professionalism.

“... If I were to return to freshman year to give myself one piece of advice, it would be to explore advocacy.”

Q: Wow, I think you have just dictated a manual for all incoming students! I hope the last bits find its way to freshmen still looking to participate but do not know where to start. It seems like of all the courses in the curriculum, Drugs & Diseases and the APPE rotations always hold the spotlight. How do these understated 6th year classes complement the rest of the program, and why should we not overlook them?

A: Well, the last semester of sixth year is “still”

important because you are quite obligated to pass each class to graduate on time. I would like to mention that many of my classmates and I experienced something objectionable in the beginning of this semester, as it complicated our residency processes. Since attendance was (and continues to be) a significant component in classes like Case Studies and certain electives, we really found ourselves in an undesirable trade-off between going to class for good grades or traveling to interview sites for postgraduate opportunities.

Regardless, my personal predilections are Pharmacy Leadership (an elective), Drug-Induced Diseases, and Nutraceuticals. Each class has provided me with brand new and interesting information that I feel better prepares me for future practice. Once again, for more specifics about these courses, readers could contact me!

Q: You mentioned that you would continue working on Rho Chi Post issues in the future. What was the vision you had when you initially came up with the idea for a newsletter, and what effect did the success of the project have on you?

A: The Rho Chi Post was my immediate answer to the lack of APhA-BITS, an amazing newsletter started by Christine Chim about three years ago. I loved the way that it involved faculty members into the editing process, as well as had predefined and structured sections for events, reflections, and upcoming opportunities. I remained an active contributor for the two years that it existed, and found that we, as any student pharmacy organization, needed to keep a similar tradition going.

I initially did not even think of a vision or any long-term goals for the Rho Chi Post. In fact, there were so many doubts and questions from others as to why we needed a newsletter in the first place. I recall hearing tons of concerns from two members of the 2011 Rho Chi executive board, from budget to time issues. Fortunately, I did not let that deter me from trying to launch at least one issue. I figured that because I was on

rotations, I had relatively more time than my colleagues did to work on this side project. I eventually pitched the idea to Mohamed Jameel Dungsiri, who asked for interested editors during a general body meeting. While we sought editors, I worked on completing the aesthetic design and structure of the newsletter.

Eight issues later, the editorial team (including you) and I have been through various personal and professional moments. With each successful publication, we celebrate our “small wins” or accomplishments either through in-person dinners or phone/online congratulations. We, as a team, acknowledge that our collective thinking, passion, and dedication for the creative side of our profession made this all possible. We have learned many logistics like the time, effort, and legality of putting together a newsletter disseminated to our student body, faculty, contributors, and other schools of pharmacy. The Rho Chi Post continues to provide a platform for student editors to engage in a fun and worthwhile leadership environment. With each issue, we improve our interpersonal communication, writing, and computer skills.

Historically, this newsletter has been the most comprehensive, creative writing project that I have personally worked on since my high school's yearbook. It has brought me closer with my colleagues, and I feel that it will continue to grow as long as it has its supporters.

“The Rho Chi Post continues to provide a platform for student editors to engage in a fun and worthwhile leadership environment. With each issue, we improve our interpersonal communication, writing, and computer skills.”

Q: Going into a residency at Brooklyn VA Hospital, what do you hope to accomplish and gain? In addition, what are your long-term goals, both pharmacy and non-pharmacy-related?

A: As with most, if not all ASHP-accredited PGY-1 residencies, the goal is to accomplish a broad understanding of the pharmacists' role in inpatient and outpatient clinical pharmacy. More specifically, I wish to gain experiences in areas like oncology, infectious diseases, critical care, and informatics. I will also have more exposure to teaching at Long Island University and working with students to further their understanding of topics in pharmacy school. My long-term goals include perhaps completing a PGY-2 in Informatics, obtaining a position in the ambulatory or inpatient care settings, and teaching as a faculty member in a college of pharmacy.

Somewhat apart from pharmacy, I also aim to work as a consultant for web and mobile application vendors and perhaps establish an integrated education software business. I hope to work out more details on this as time passes, but as you could infer, I aim to keep my mind flexible and frequently occupied with various venues.

Q: If you were an Assistant to the Dean tomorrow, what are three changes that you would make to the program?

A: Of course, before I list anything, I implore everyone reading to understand that change within any large institution usually takes a significant portion of time.

Some of the changes that I would propose to any Doctor of Pharmacy program are to offer electives in Pharmacy Informatics and Software Development, as we barely have undergraduates with these interests or qualifications. Yet, in the future, we will be required to fill these positions – I strongly feel that the demand for pharmacists with a background in technology will increase over the next couple of years.

I would also propose that we provide standardized, departmental examinations, particularly if there is a single syllabus and textbook. Personally, anything to minimize variations or unfairness is a “plus” in my book.

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We should also establish a large and effective, online / phone / mail system to keep alumni interested and connected in current pharmacy events at their alma mater. The current Facebook page for alumni is a great start, and we could definitely expand on the concept.

In addition, some of the physical areas that I would like to look more into are expanding study areas and providing more quiet rooms, building an organic or “more healthy” food court for students and faculty members, and establishing a weekly “dean's hour” to boost students' morale and understanding that their deans are there to provide continuous support.

Q: What is your fondest childhood memory?

A: This is a tough question. Well, the first (not most fond) childhood memory that comes to mind is one of the many experiments that I performed with magnetism. I was (and still am) amused by the fact that boom box speakers have extremely powerful magnets inside of them, which I used to teach myself about polarity. If you have a broken set of speakers lying around, check it out!

Yes, it is a weird memory, but I think it provides a great tip of my curiosity iceberg.

Q: If you could be on vacation anywhere in the world right now, where would you be?

A: I have always been interested in traveling to Sydney, Australia. The architecture and scenery of and from the ocean would be amazing to witness.

Q: Thank you so much for taking the time to have this interview! Do you have any last words or tidbits of advice for your fellow student pharmacists?

A: Definitely – if there is anything that I have learned to be extremely guiding these last six years (which I alluded to earlier), it is:

“You could have the best ideas in the world, but... (1) there will always be people against your disruptive innovations. I call these individuals the ‘elephants’ on the road to success... and (2) if you cannot communicate these ideas to others, they do not matter to anyone.”

If you have any additional questions for Mr. Rattu, you may contact him at mohammad.rattu06@stjohns.edu

MY EXPERIENCE WITHIN THE ACCP BY: ALISSA KARR, PHARM.D. CANDIDATE C/O 2012



Alissa Karr is a PharmD Graduate from Purdue University College of Pharmacy, Class of 2012. She is the current secretary of the American College of Clinical Pharmacy (ACCP) StuNet Advisory Committee. Her post-graduation plans are to obtain a pharmacy practice residency at Indiana University Health in Indianapolis, IN. She hopes to complete an oncology specialty residency after her pharmacy practice residency, in order to become an oncology clinical specialist at an academic medical center.

As I prepared for APPE rotations, I was concerned that I was no longer going to be actively involved in professional pharmacy organizations. This was a concern to me, as I filled the majority of my extracurricular time at Purdue as an active member of Rho Chi, Purdue's Student Society of Health-System Pharmacists, American Pharmacists Association-Academy of Student Pharmacists (APhA-ASP), and Phi Lambda Sigma. I did not want my leadership skills and advocacy for the pharmacy profession hindered while on rotations; so, I discussed this with my mentors. After much

discussion, I chose to apply for an appointment to an American Society of Health-System Pharmacists (ASHP) Advisory Group, the Indiana College of Clinical Pharmacy (ICCP), and the American College of Clinical Pharmacy (ACCP) National StuNet Advisory Committee (SNAC). It was my honor to serve as a student representative for ICCP and the secretary of SNAC.

It was an exciting and challenging time to hold both state and national leadership positions, but I knew that the benefits would be worth the extra workload. I will admit that my knowledge of ACCP was lacking when I accepted my position, but I have found ACCP to be a perfect fit for me professionally. The purpose of ACCP “is to advance human health by extending the frontiers of clinical pharmacy, through strategic initiatives, partnerships, collaborations, and alliances.” Members of ACCP range from students, residents, and fellows to practitioners, scientists, educators, and administrators. The diversity of membership allows for a lot of networking opportunities within and outside of peer groups. ACCP also offers 22 Practice and Research Networks (PRNs). These networks serve areas of practice and interest. Each PRN holds a business meeting during the ACCP annual meeting. Students are encouraged to join and participate in the PRNs. Currently, free membership to one PRN is included with students’ ACCP membership fees. The PRNs are a great resource of information via email digests, and they provide access to current practitioners in a specialty area. The PRNs may also present student leadership opportunities.

“The purpose of ACCP is to advance human health by extending the frontiers of clinical pharmacy, through strategic initiatives, partnerships, collaborations, and alliances.”

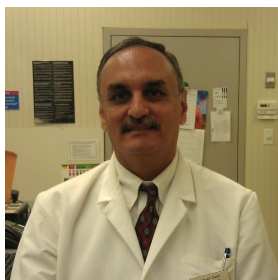
Being the SNAC secretary has been an invaluable experience. Meeting students from across the country has been the highlight of my appoint-

ment. It is exciting to hear about the passions and initiatives at other pharmacy schools. It is also great developing a nationwide network of peers. My main secretarial duty has been to take minutes at our meetings. We had one face-to-face meeting at the ACCP Annual Meeting in October. Our other meetings have been via conference calls, and we frequently communicate through emails. Each year, the ACCP Board of Regents (BOR) presents SNAC with certain charges. These charges provide the framework for the SNAC agenda during the appointment year; however, the committee has the freedom to tackle the charges in its own manner. Interim reports sent to the BOR throughout the year allow BOR to provide feedback on the progress of the charges. This prevents wasting time heading in the wrong direction. The appointment year concludes with submission of a final report. It is rewarding seeing the committee’s hard work in writing.

“...ACCP has many benefits ... leadership, networking, & education opportunities.”

The ACCP Annual Meeting has specific student programming and opportunities to present posters. This meeting is a great networking opportunity, as it has much lower attendances than the ASHP or APhA annual meetings. You do not feel like you are lost in the crowd. A program piloted at the ACCP Updates in Therapeutics® 2012 Meeting called “Emerge from the Crowd: How to Become a Standout Residency Candidate” helped current professional year students who were not yet on APPE rotations. Additional seats procured to accommodate the participants demonstrated the large interest in the program. This will likely become a regular program at this meeting, particularly as pharmacy residencies continue to become more competitive. Additional benefits to membership include an online CV review, career development resources, and access to a student published newsletter. I encourage everyone to take time to peruse www.accp.com, to learn more about what ACCP can offer you.

BEING AWARE OF PHARMACY SECURITY AND FRAUD BY: SANJAY DAVE, R.PH, PATHMARK PHARMACY



Mr. Sanjay Dave is a graduate of St. John's University College of Pharmacy and Allied Health Professions, class of 1985. He has worked for Pathmark Pharmacies since graduation, and is currently the supervising pharmacist at

Pathmark Pharmacy in Bethpage, New York.

In today's pharmacy practice, it has become obvious that drug addiction is issue number one. This issue did not start last Father's Day when a person seeking narcotics murdered four people in a pharmacy. It has been an issue since forever. However, now, it is getting a lot of press, and, therefore, seems to be a new problem that the media has discovered. Ask any pharmacist or intern working in community or hospital settings, and they will tell you numerous stories of people that come in looking for narcotics to satisfy their addictions.

I graduated in 1985 from St. John's University College of Pharmacy and Allied Health Professions, and having worked in the community pharmacy setting from that time, I can attest to the increase in the number of people seeking narcotics from the pharmacy. A regular phenomenon you see is patients who go to multiple doctors or multiple pharmacies to fill their prescriptions. Pharmacy databases and insurance plans are linked together, and while not perfect, are a great way to see if someone is filling multiple prescriptions for the same or similar medications at other pharmacies. However, our state has to come up with a better way to monitor all controlled substances on a real time basis to help us identify potential issues.

"In today's pharmacy practice, it has become very obvious that drug addiction is issue number one."

Until the implementation of such security measures, there are certain things you can do to protect yourself from filling dubious / questionable prescriptions. The following are some tips that I can suggest after having been practicing for so long. To start with, very rarely will I fill a narcotic prescription for a patient that my staff or I do not know without double-checking with the prescriber. If patients drop off their prescriptions on a Sunday afternoon, I would not be able to fill them until Monday, when I have had a chance to speak to the prescriber. Also, very rarely will I fill a telephone prescription for a narcotic called in by a "doctor" unless I know that prescriber or patient (or until I verify authenticity of the prescription). The same holds true for prescriptions called in late in the evening on a weekday.

Another clue is the excessively talkative patient. They will hand you a prescription for hydrocodone with acetaminophen tablets (e.g. Vicodin®), and then not leave your sight and engage you in an extensive conversation while you fill this prescription. This patient is "making sure" that you do not pick up the phone to call and verify the prescription with the prescriber. The same is true when a patient insists that we not bill their insurance plan but put the prescription through as a "cash" payment. Most pharmacists will first run it through the insurance anyway to see if any duplicate prescription fills exist elsewhere. Chances are very good that they do find duplications.

Never tell someone over the phone if you have a particular narcotic drug in stock. Insist on seeing the original prescription before committing to fill it. Also with the rash of pharmacy robberies, it seems odd to me how most of these robbers knew where the pharmacist kept the drugs that they wanted to steal. When patients bring in new prescriptions to the pharmacy, our pharmacy staff communicates with the pharmacist, in order to verify the authenticity of prescriptions written for controlled substances.

Then, the pharmacist checks to see if the item is in stock. We check our computer for the on-hand quantity of the item, and do not walk over to the item – so as not to tip off where we stock the item on our shelves. I try to keep most of the wanted narcotics like hydrocodone with acetaminophen tablets (e.g. Vicodin®, Vicodin ES®, Norco® etc.) out of the sight of my customers. It is also suspicious when a patient or prescriber live nowhere near your pharmacy.

“Finally, do not be afraid to get involved!”

My wife, who is a practicing dentist, would always get upset with me when I came home and told her of an encounter with a patient with a phony prescription or a doctor calling in a suspicious script. “Why do you have to get involved?”

and “You are not the pharmacy policeman,” she would always say. That was until one December four years ago when her office started getting calls from pharmacies all over Long Island asking her to send a follow up prescription to a telephone order she supposedly had called in. She received calls from 35 stores until finally one pharmacist realized something was not right and called my wife’s office to confirm that she indeed had called in the prescription. This particular pharmacist had the patient arrested, which led to the busting of an organized ring that filled phony narcotic prescriptions. So, be careful when filling any prescriptions, especially with narcotics, as you do not want to be that pharmacy that everyone knows is carrying “the good stuff.”

Simply put, do not become a target.

FTC APPROVES MEDCO AND EXPRESS SCRIPTS MERGER MAHDIEH DANESH YAZDI, ASSOCIATE STUDENT EDITOR

Special Thanks to Dr. Tomasz Jodlowski for his contribution to this article

In previous issues, we discussed an upcoming \$29.1 billion merger between Express Scripts, Inc. and Medco Health Solutions. The Federal Trade Commission (FTC) had previously delayed this movement, as it wanted to verify that the merger would not violate any antitrust laws and would not substantively damage the competitive marketplace for other pharmacy benefit managers (PBMs).

On Monday, April 2, 2012, the FTC approved the merger in a 3 to 1 vote. The FTC found no legal reason to block the merger, citing the fact that there are currently about ten major PBMs and that this merger would not significantly interfere with market dynamics. The sole dissenter was Commissioner Julie Brill, who argued that the merger would create a duopoly that would severely stifle competition. She urged the Commission to review the impact of its decision by assessing the market in three years’ time.

The merger went through to the great dismay of many pharmacy organizations that had sought to block it. In addition to publicly opposing the merger and lobbying against it, the National Association of Chain Drug Stores (NACDS), National Community Pharmacists Association (NCPA), and several other organizations sued to put a preliminary and permanent injunction on the merger. As they are still hearing arguments, the courts have not stepped in to take any action in favor of or in opposition to the merger. Express Scripts and Medco asked that the suit be dismissed, arguing that the community pharmacy organizations had waited too long to file. Express Scripts also claimed that stopping the merger would cause its company severe financial harm, as it has already spent almost \$230 million for this merger. Both Express Scripts and Medco maintain that this merger would allow them to cut down costs, and they would pass on these savings to consumers, resulting in lower costs for their medications.

Community pharmacies are concerned that

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with less competition in the PBM industry, they will have less power in negotiating contracts with these institutions for reimbursements. Many community pharmacies are already suffering with reduced reimbursement rates, especially with Medicare and Medicaid, and a further cut in payments would be detrimental to these pharmacies. The community pharmacy organizations involved in this suit view claims of consumer savings with skepticism, noting that there is no guarantee that the companies will actually comply with their promise to pass on their savings to their customers. Furthermore, they contend that reduced competition in the PBM market may in fact increase costs to consumers while reducing their choices.

After obtaining the FTC's approval, Express Scripts and Medco have essentially completed their merger. The judge presiding over the lawsuit filed by community pharmacy organizations has said that she would issue a ruling on this matter later.

We have yet to determine the impact that this merger will have on consumers and the broader pharmacy world.

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David Snow, left, chief executive of Medco Health Solutions, and George Paz, chief executive of Express Scripts.

IMAGE SOURCE: <http://graphics8.nytimes.com/images/2011/07/22/business/dbpix-medco-express-scripts/dbpix-medco-express-scripts-tmagSF.jpg>

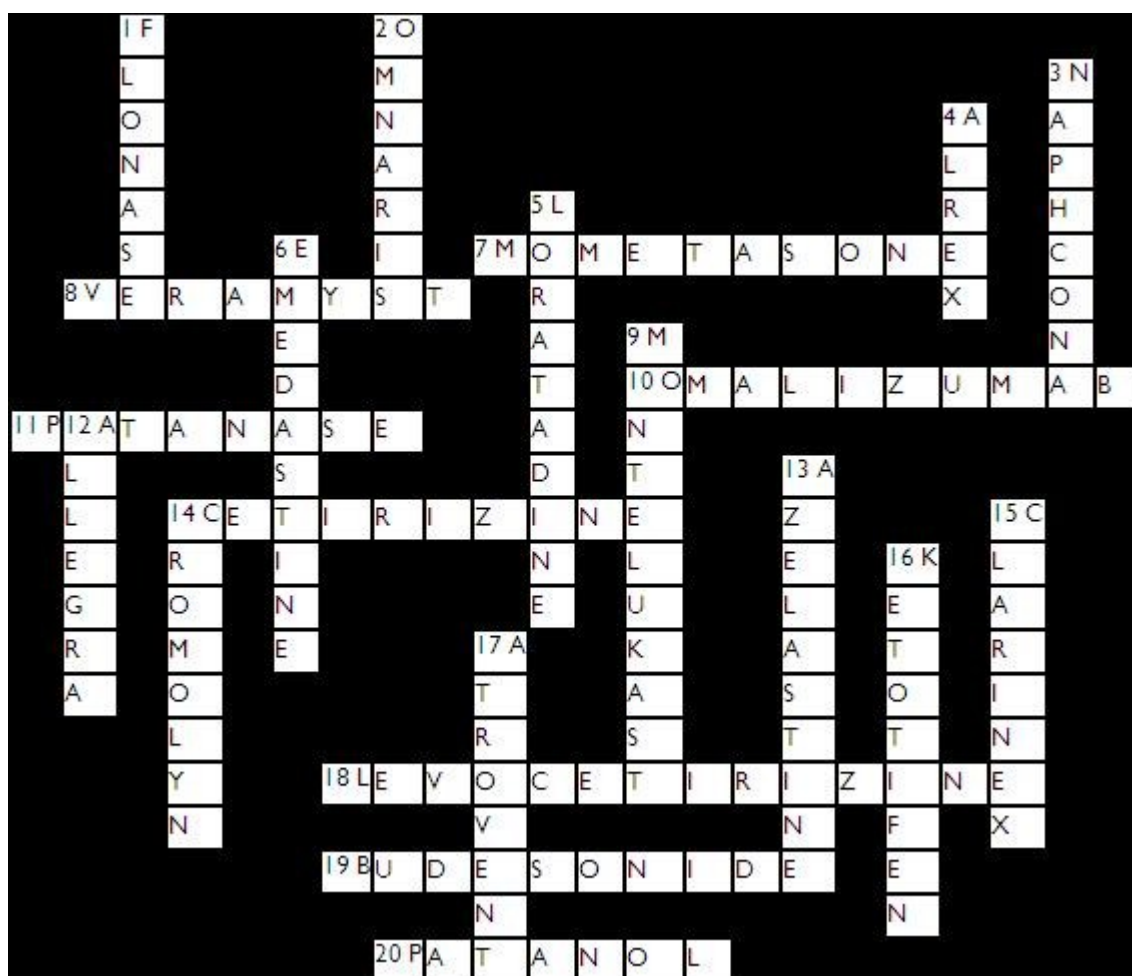
MATCHING CHALLENGE: LOOK-ALIKES, SOUND-ALIKES (ANSWERS) BY: ADDOLORATA CICCONI, STUDENT COPY EDITOR

1 = F, 2 = E, 3 = H, 4 = J, 5 = A, 6 = G, 7 = D, 8 = B, 9 = C, 10 = I

Go back to [page 27?](#)

Do you enjoy our puzzles?
 Send us a suggestion for a brainteaser at
rhochis@gmail.com
 We will feature your work in our next issue!

PUZZLE: CROSSWORD (SOLUTION) BY: MAHDIEH DANESH YAZDI, ASSOCIATE STUDENT EDITOR



REFLECTION: BUSINESS ETIQUETTE DINNER BY: MOHAMMAD A. RATTU, PHARM.D. CANDIDATE C/O 2012



On the evening of April 11, the Career Center hosted a Dining Etiquette event in the D'Angelo Center, room 416A. Prior to attending this professional learning and networking event, I had only heard anecdotes of what it would entail. From knowing what fork and spoon to use to passing the salt and pepper together to one's right, dining (or business) etiquette involved many minute details. During the four-course meal, I engaged in conversations with several tax professionals, and we shared our respective experiences about finance and pharmacy. There was a consistent, positive atmosphere for the attendees, and I am glad to have had this opportunity.

Dining etiquette is a combination of skills several career centers emphasize during workshops.¹⁻
⁵ At St. John's University's event, we received name badges and two double-sided pages of paper with common questions and answers. Some of the items on the document quickly caught my attention predominantly because I felt I would be involved in those situations. These included, "What is an appropriate way to explain a food allergy?", "What do you do if the menu is fixed and you are served something you do not want?", "Is it rude to salt your food before tasting it?", and "As a left-hander, is there anything one should do differently?". Some of the answers to these and other questions easily surprised me. I had no idea about limits on the packets of sugar in tea or cof-

fee, putting utensils in the four-o'clock position to indicate a completed meal, or following the lead of the host before removing a jacket/blazer.

For the first couple of minutes, we helped ourselves to appetizers, and subsequently mingled with other students and tax professionals (e.g. auditors, directors). I spent a large portion of the event speaking with Phyllis Dorian, a tax director at PricewaterhouseCoopers (PwC).⁶ An alumnus of St. John's University, she taught several finance courses for about one year, but left her teaching position to pursue other ventures.

"From knowing what fork and spoon to use to passing the salt and pepper together to one's right, dining (or business) etiquette involved many minute details."

After the appetizers, some of my classmates and I shared a roundtable for the dinner courses. We engaged in varied discussions with Ms. Dorian, Ms. Horemis, and one senior accounting student.⁷ All of us unfolded our cloth napkins, folded them in half, and placed them onto our laps. We listened closely and followed instructions on how to determine where items needed to be on the table. One of the easy acronyms for determining food placement was "BMW," for bread (B), meals (M), and water (W).

The majority of the meals we received were items to avoid ordering during interviews. Examples of dishes to shy away from included soups, spaghetti with sauces, and French fries with chicken. There were specific methods for utilizing utensils for these particular dishes. For instance, with the soup, we used the regular spoon (located on our right side), moved the spoon away from us when picking up the soup, and avoided making a slurping or sipping noise when drinking/eating the soup. If the soup was hot, we were not to blow on it to cool it down. For the

spaghetti, we used the leftmost fork and had the option of using a spoon with the fork to spin the food into a round shape that we could easily eat. We assumed that the French fries and chicken pieces were “finger foods,” but we could only use a knife and a fork to cut pieces (one by one). For dessert, we received coffee or tea along with a slice of apple pie and vanilla ice cream. If we used a spoon to mix the coffee or tea, then we could not use it for eating the pie or ice cream.

Of course, during the meals, we carried on small conversations about our backgrounds and aspirations. Toward the end of the event, in networking fashion, we seized opportunities to exchange contact information. I found the experience to be very interesting and definitely useful for future encounters. I implore my peers to attend an etiquette dinner, especially if they expect to be involved in business matters in their future careers.

SOURCES:

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IMAGE SOURCES:

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**Went to an event on your campus?
 Learned something interesting?
 Write to our editors at rhochis@gmail.com
 and we will feature your article in our next issue!**

PUZZLE: WORD SEARCH BY: MARIE HUANG, ASSOCIATE STUDENT EDITOR

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FIND THE FOLLOWING WORDS:

- AZELASTINE**
- THEOPHYLLINE**
- SILDENAFIL**
- LORATADINE**
- GUAIFENESIN**
- CETIRIZINE**
- CROMOLYN**
- KETOTIFEN**
- OLOPATADINE**
- BOSENTAN**

NOTICE A THEME?

RHO CHI POST: EDITORIAL TEAM

CO-EDITORS-IN-CHIEF



@ Ebey P. Soman (5th Year, STJ)

I really enjoy writing very opinionated articles. I strongly encourage all readers of our newsletter to respond with their own literary pieces. I look forward to hearing from you, and welcome your comments and constructive criticisms!

@ Neal Shah (5th Year, STJ)

I frequently assist several professors on campus with their research. My goal is to provide my fellow students with research-based information that correlates with clinical pharmacotherapy. If you have any topics of interest or comments on currently-published articles, please do not hesitate to email me!



STUDENT EDITORS

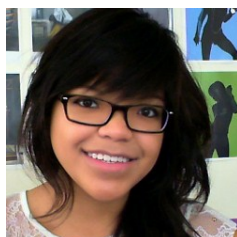
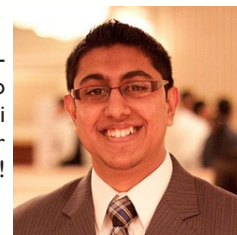


@ Mahdieh D. Yazdi (5th Year, STJ)

I like to stay current with all the changes in our profession, both legal and clinical. I hope to keep you informed with all that I learn. Please enjoy Rho Chi Post, and provide us detailed feedback so that we may improve our newsletter.

@ Mohamed J. Dungersi (5th Year, STJ)

I am enthusiastic about promoting the pharmacy profession, and what better way to do this than by being a part of the Rho Chi Post? Should you have any comments or concerns, feel free to contact me!



@ Marie Huang (5th Year, STJ)

I am in a continuous process of self-definition, and constantly testing the boundaries of this world. I enjoy channeling my inspiration through words and photographs. As a witness to an evolving profession, I look forward to keeping you updated! Who knows where we will be tomorrow?

@ Shannon Tellier (5th Year, STJ)

I believe it is important for students and everyone else in the profession to stay informed about current pharmacy events. Rho Chi Post is a great way to continue learning information about what is happening on our campus and in the nation.



@ Addolorata Ciccone (5th Year, STJ)

I am thrilled to serve as a Co-Copy Editor of Rho Chi Post. Whether you are brand new to the world of pharmacy, a seasoned veteran of this profession, or anywhere in between, I hope you find our work engaging, relatable, and informative. I look forward to reading your comments and feedback.



CO-COPY EDITORS



@ Aleena Cherian (4th Year, STJ)

The Rho Chi Post has been a source of current information and great advice to students and professionals in this evolving profession. After years of experience in media and graphics-related work, it is now my privilege to be a part of this endeavor as a Co-Copy Editor. I hope you learn as much from future editions of the newsletter as I have, and I welcome your feedback!

RHO CHI

The Rho Chi Society encourages and recognizes excellence in intellectual achievement and advocates critical inquiry in all aspects of Pharmacy.

The Society further encourages high standards of conduct and character and fosters fellowship among its members.

The Society seeks universal recognition of its members as lifelong intellectual leaders in Pharmacy, and as a community of scholars, to instill the desire to pursue intellectual excellence and critical inquiry to advance the profession.

THE RHO CHI POST

MISSION

The Rho Chi Post aims to promote the Pharmacy profession through creativity and effective communication. Our publication is a profound platform for integrating ideas, opinions, and innovations from students, faculty, and administrators.

VISION

The Rho Chi Post is the most exciting and creative student-operated newsletter within the St. John's University College of Pharmacy and Allied Health Professions. Our newsletter is known for its relatable and useful content. Our editorial team members are recognized for their excellence and professionalism. The Rho Chi Post sets the stage for the future of student-run publications in Pharmacy.

VALUES

Opportunity, Teamwork, Respect, Excellence

GOALS

1. To provide the highest quality student-operated newsletter with accurate information
2. To maintain a healthy, respectful, challenging, and rewarding environment for student editors
3. To cultivate sound relationships with other organizations and individuals who are like-minded and involved in like pursuits
4. To have a strong, positive impact on fellow students, faculty, and administrators
5. To contribute ideas and innovations to the Pharmacy profession

CURRENT EXECUTIVE BOARD



Bethsy, Albana, Yining, Elizabeth, and Aleena at the 2012 Induction Ceremony

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Faculty Advisor: **S. William Zito, PhD**

UPCOMING EVENTS

May 8: Sixth-Year Pharmacy Formal
(Chelsea Piers, 8pm)

May 10: PharmD Hooding Ceremony
and Awards Night
(Carnesecca Arena, 6pm Assembly, 7pm Ceremony)

May 13: Commencement / Graduation
(Great Lawn, 8:30am)

May 14: Summer Pre-session
(First Day of Classes)

May 14: Biotechnology Symposium
(D'Angelo Center Ballroom, 11:45am)

May 17: Feast of the Ascension
(University Holiday)

May 24: End of Summer Pre-Session
(Last Day of Classes)

May 28: Memorial Day
(University Holiday)

May 29: Summer Session One
(First Day of Classes)

Promote your event through us!

Submit the name, location, date, and time
of your venue to our editors at:

rhochis@gmail.com

We welcome all pharmacy-related advertisements