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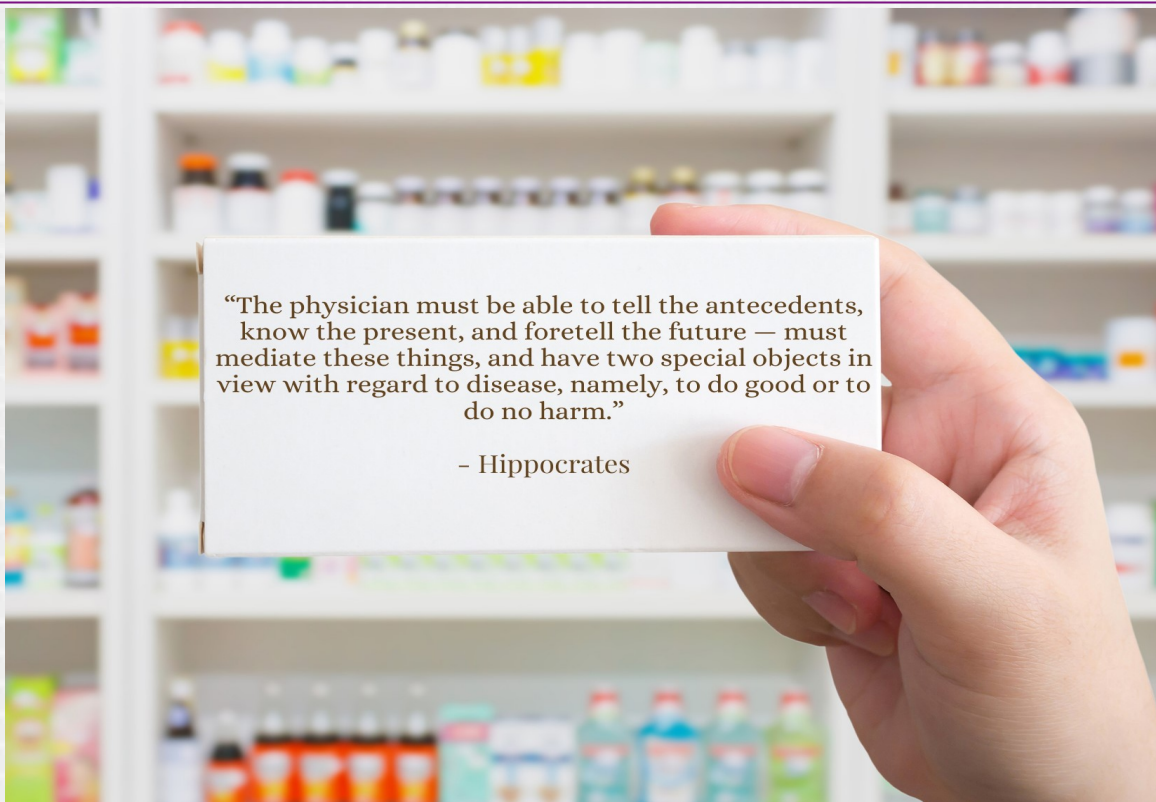
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QUOTE OF THE MONTH



Pharmacists for Black Lives

By: Aiša Mrkulić, PharmD Candidate c/o 2022

In fulfilling our vow to uphold the Oath of a Pharmacist, we must regard, “the welfare of humanity and relief of suffering” as our top priority. Voluntary are the promises which accompany this oath, promises with wellness at their forefront.² It is not without reason that pharmacists are among America’s most-trusted healthcare professionals; Complimentary is their title as our nation’s most accessible healthcare providers.³ Spotless white lab coats of prestige are not dealt lightly. Tarnished far more easily is a pharmacist’s privilege to serve; therefore, every threat to public health is to be met by pharmacist opposition. After all, it is pharmacists who are most likely to be the best advocates for patients. Public health crises are every pharmacists’ call to action and pharmacists-in-the-making need not be strangers to these events.

The American Pharmacists Association (APhA) and Academy for Student Pharmacists (ASP) collectively provide a platform for the advancement of the pharmacy profession and preparation of future generations of pharmacists. In their latest effort, APhA-ASP brought on board the APhA New Practitioner Network (NPN) to further diversify perspectives from which valuable dialogue would come. The first of a series of webinars unpacked systemic racism to reveal its true form. In the eyes of healthcare professionals across the nation, it was no less a public health emergency than COVID-19. A pandemic in its own right, one of our very own answered the call to shed much-needed light on its unraveling.

St John’s University College of Pharmacy and Health Science’s Vibhuti Arya, PharmD, MPH, Clinical Advisor for Policy, Resilience & Response at the New York City Department of Health and Mental Hygiene, served as keynote speaker of Rise Up: Addressing Systemic Racism: A Public Health Emergency. The goal of this webinar was to provide a safe space for engaging in open and honest conversation. Keith D. Mariciniak, BS Pharm, Senior Director of Student & New Practitioner Development at the APhA, helped to mediate the discussion. Attendees consisted of student pharmacists and practicing pharmacists. Both had the opportunity to ask questions in one of two ways, live during the webinar or prior to its start.

Prior to the much-awaited Q & A session, Dr. Arya set the tone with a 4-minute video of her creation. To start, the Oath of a Pharmacist filled the blank, black backdrop with its

thin, white lettering. Vow after vow was presented one at a time. These crucial, initial 30-seconds served to captivate the audience. In the same fashion, systemic racism was then declared a public health emergency. Viewers were called to “rise up” against that which perpetuates health inequity. “From womb to tomb,” those belonging to the Black community are followed by racism. Dr. Arya’s message is a clear one; Those who do the work of a pharmacist possess the privilege required to accomplish real change for their patients. She invites viewers to look inward, so as to develop an awareness of their own implicit biases. These are, “unconscious racial stereotypes,” resulting from “personal and cultural experiences.”⁴ Listeners are reassured that although mistakes will be made, learning is not possible in the absence of such shortcomings. As Dr. Arya stated, “Discomfort is where growth...happens.”⁵ Uncomfortable as it may seem, too many have been far more than uncomfortable for far too long! We must do the work, “challenge false narratives...have these honest conversations”.⁵ In the words of Dr. Arya, “racism hurts everyone,” and in that of late American Minister and civil rights activist, Dr. Martin Luther King Jr, “injustice anywhere is a threat to justice everywhere.”⁶ “I will consider the welfare of humanity and relief of human suffering my primary concerns,” comes and goes for the second time in 3 minutes, holding and making space for reflection and introspection into our own implicit biases. Could it be that these very biases are affecting the care patients of color are receiving? Of course! Recognition of this very fact is of the utmost importance if an opening for favorable change is to arise. COVID-19 continued to paint a vivid picture of how racism has contributed to health disparities.⁵ In his letter to the New York Times Editor, President and Chief Executive of Montefiore Medicine, Philip O. Ozuah,, MD, PhD, said “I fought two plagues and only beat one...twin disasters disproportionately hurting minorities” in his reference to a brand-new strain of the corona virus and racism.⁶ Only one is, “a virus as old as the country itself.”⁸ Irrespective of the global pandemic, Black patients face higher rates of premature deaths. Black men are twice as likely than, “white men in New York City” to die before their time.⁴ Dr. Mary T. Basett, MD, MPH, Commissioner of the New York City Department of Health and Mental Hygiene, rightfully points out that, “violence cannot account for all the lives cut short.”⁴ Police brutality is very much a reality however, Dr. Basset urges the medical community to

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By: Aisa Mrkulic , PharmD Candidate c/o 2022

to abandon the sidelines and assume the responsibility of dismantling a broken system, one which harms the health of patients.

Doctors David A. Ansell, MD, MPH and Edwin K. McDonald, MD of the Department of Internal Medicine at Rush University Medical Center in Chicago, Illinois, explored the impact of racial stereotypes on patient care provided by physicians. As it turned out, these implicit biases plagued the decisions of MDs with even the best of intentions.⁴ Implicit bias is the main driver of, “mistrust on the part of black patients.”⁴ Dr. Arya put it best when she voiced the following, “Baseline anxiety and stress are greater in people of color not due to genetics, but on account of their lived experiences.”⁵ So why is it that Black patients prefer to be treated by providers who share their race? Their rightful mistrust of healthcare professionals is your answer. Black Americans should not be receiving less effective care than white Americans. Reform starts with those who provide the care. Changing our ways, mitigating the spread of a novel coronavirus required no less, “determination to change our behavior” than is needed to end “endemic racism and brutality.”⁸ It is important to note that systemic racism was not coined a public health emergency during the start of a new decade. Instead, it was first addressed over 6 years ago, when medical students across the country opposed, “racial profiling and police brutality” in the form of a, “coordinated protest branded #WhiteCoats4BlackLives.”⁹ It was then that a fighter group of individuals ventured to, “reframe the harms of racism as a public health crisis.”⁹ One after the other, city mayors were declaring synonymity between the two. Though Boston Mayor Marty Walsh is not alone, many more must follow his lead and acknowledge systemic racism as such.¹⁰ The current call to action is louder than all those which came before. It is presently that history is in the making. A then fourth-year medical student by the name of Nicolas Barcelo left demonstrators with these final words, “The context in which our patients live contextualizes the type of care we need to provide.”⁹ What a group of medical students were able to kickstart can and should persist with involvement from the pharmacy community. There is no time like the present to dismantle racism in recognition of its, “threat to the health and wellbeing of people of color.”¹⁰

Dr. Adam Martin, PharmD, founder of the Fit

Pharmacist, and recipient of the Most Influential Pharmacist Award, echoed the sentiment of Dr. Nicolas Barcelo, MD and then some. He warned pharmacy professionals against evoking color blindness as an answer to systemic racism. According to Dr. Martin, doing so encourages, “a disregard [for] the complexities of racial issues that are [very much] real and alive in our world today.”¹² The second danger releases professionals of their responsibility to disassemble internalized prejudices and rebuild. Not convinced? Conducting a quick google search for the Harvard Implicit Bias Test is likely to challenge that perspective.¹³ The Fit Pharmacist founder warns against the unintended belittlement of Black lived experiences. Moreover, he challenges his audience to instead demonstrate an appreciation for individualism. These prospective patients are to be, “accepted for who they are.”¹² It cannot be fairly expected of them to embrace our care or otherwise adhere to it.

Dr. Arya would go further as to say, “Do not place blame on the individual patient for their health. Pertaining to social determinants of health, the narrative of personal responsibility is faulty.” To Dr. Arya’s point, even a zip code functions to maintain marginalization, indicative of, “socioeconomic factors...inherent to health and longevity”.¹⁴ Race and income are among these social determinants of health. Geographic differences, “even if...just blocks or miles...” vary life expectancy.¹²

“Remember, you can’t fix something you can’t see,” therefore, there exists no other option, but to see color.¹² I see no color is not the goal! To ignore color is to ignore race and effectively abolish our nation’s history of systemic racism. Dr. Martin left viewers with this final message, “If you turn a blind eye...you are not only doing the profession a disservice...you are doing a disservice to your patients, and if we can’t serve them to the reality that we all live in, what’s the point?”¹²

Whiteness has afforded me privilege and with it comes greater opportunities than those available to my Black counterparts. At hand is the chance to be the change I hope to see in healthcare and beyond however, one cannot have a conversation about systemic racism without the perspectives of those directly affected. The following are the words kindly shared by our PharmD. Program’s Black community—thank you for lending your voices.

Pharmacists for Black Lives

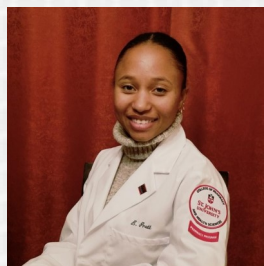
By: Aisa Mrkulic , PharmD Candidate c/o 2022



*Adriana Hudson, PharmD. Candidate;
Class of 2021*

"Change cannot come about until everyone realizes that there is a problem. My people, Black people, have suffered at the hands of racial injustice for over 400 years. Systemic and institutionalized racism is still very

prominent not just in the US, but all over the world. I think what is really concerning is the racism that exists in the medical field. Old myths and stereotypes are to blame for Black people receiving inadequate medical care. This is something that needs to change immediately. As healthcare professionals, it is our duty to protect our most vulnerable patients.... our Black patients. Please realize that now is not the time to be silent. To be silent is to be ignorant and complacent. Use your voice! Be loud! Speak up and out against racism. Educate yourselves on our history...maybe then you will come to understand why we are tired of fighting for our lives."



*Bria Pratt, PharmD. Candidate;
Class of 2021*

"I can only speak from my experience, yet my experience seems to interconnect with many others who look like me. As a young black female who is on track to become a healthcare professional, I can see that people, particularly from

minority communities, feel as though the healthcare system views them (us) as invaluable to society. The scarcity of resources, inaccessibility to adequate healthcare, and costs are just some of the reasons why there is a disparity in this country. There is also the disconnect between patients, the distrust of providers, and lack of cultural competence that continues to be the plight of the medical field that needs to be changed whether it pertains to physicians, nurses, pharmacists, therapists, etc. This is something that cannot be done alone; everyone needs to come together for the greater good of our patients because isn't this what we signed up for?"



*Tolulope Omisakin, PharmD. Candidate;
Class of 2022*

"When treating non-White patients, consciously remember that your unconscious bias leads you to make decisions that you wouldn't otherwise make when treating a white patient. Racism is so rooted into

everyday life that unless you reflect and purposefully challenge what you think you know, you will fall short as a healthcare provider to the population who may need it the most. Pharmacists have been hailed as the most trusted profession for several years. It is the role of Student Pharmacists to continue to push that narrative by being the protagonist for our patients, especially the ones of color.

Our profession is not without its own racial blemishes. Experiencing racism is never an easy topic to speak about, but it is a necessary conversation especially for my fellow PharmD. candidates who refute the existence of it. Of all my experiences as a black girl within the Pharmacy profession, the biggest blow for me was when I was told that because people who look like me hold this degree, it cheapens its value. This comment and how it made me feel is something I have to carry with me while I continue my journey into the world of pharmacy. I urge readers to look into their own lives, correct your friends, bring awareness to your family. Never let that racist comment or action just slide because no one but you heard it. Hold them accountable and hold yourself accountable."



*Jason Ifeanyi, PharmD. Candidate;
Class of 2022*

"Racism is not an issue that I normally talk about publicly, for it is such a sensitive and divisive issue. However, during fervent times like this, each voice and each story, can make a true difference in terms of raising awareness.

As aspiring pharmacists, arguably the most accessible healthcare providers, it is our duty to serve and advocate on behalf of our patients. Each patient must be treated based on their own unique needs and experiences, in order to have a fair chance. Part of protecting and advocating for patients includes taking a clear stance on implicit biases, and the harmful effects they have on POC.

As one of, if not, the only Black male in my graduating class, I am not without my own unique share of experiences. The first semester of my freshman year proved to be one of the most challenging experiences I have ever faced mentally. Being in classrooms where I couldn't see a single student who looked like me was discouraging. Whenever I told people I was a pharmacy major, I was met with looks of shock and amazement. I began to doubt whether I was in the right place, and whether I belonged. I will never forget the one day where I came back to my dorm after class, and just sat there on my bed, and shed a few tears. After speaking with my parents, I was reminded of the innate qualities I have that got me here in the first place. It was at that moment where I decided to rely on my determination, work ethic, and self-motivation to overcome these challenges. I never looked

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By: Aisa Mrkulic , PharmD Candidate c/o 2022

back. From that point on, I have consistently been one of the top students of my graduating class and I have no doubt that I belong here.

So why mention such a personal story? I mention such a personal story because change doesn't ensue simply from talking about the challenges we face. Change, much like success, begins with a mindset. If we are going to make any meaningful and sustainable change, we must carry with us a certain level of work ethic, determination and commitment. We ALL need to put the work in and spend time educating ourselves on social determinants of health and how they contribute to health disparities among different patient populations. We ALL need to be committed to looking within ourselves and challenging any implicit biases we, or those we surround ourselves with, may have. We ALL must be determined to lead by example, and more importantly, lead with empathy."



*Duchess Iregbulem, PharmD. Candidate;
Class of 2022*

"I know well the bitter taste of microaggressions. Coming from an all-white private high school, it was routine. A stare there, an insensitive comment here, and at the end of the day, if it could all be laughed off as a "joke" then it would be fine, right?

Wrong.

Yet, like all humans, I found ways to adapt and cope with my environment, to make the most of it. I still have wonderful memories from my high school as a testament to that.

But for some reason, the one place I never expected racism to appear was in the healthcare setting. I naively assumed, much like most people unconsciously do, that a place where science prevailed, and a patient's well-being was paramount must be devoid of racism ... right?

Again, Wrong.

As I sit in my seat, one of 5 black girls in my class of almost 200, the same stares kick in. The same comments. The same jokes. If this is the environment in which we are to groom the next generation of healthcare professionals, then how are we ensuring that we are better than the last?

We have been shown time and time again that this disease, racism, persists through those too blinded by their ignorance to

detect its presence in their very beginning. Racism is like an invisible chain that wraps around the necks of those it oppresses. By not consciously recognizing where it strikes, we are allowing this disease to disproportionately target and kill the very same patients we claim to serve.

We all must be willing to lend our minds, voices and spirits to combat the thing that continues to not only tarnish our profession, but our people as a whole. If we are to build a healthier and more compassionate profession that can better serve our world, change must start from within."



*Robert Thompson-Eshun, PharmD.
Candidate;
Class of 2022*

"For anyone that is pursuing a career in healthcare one of the greatest skills that I think is not talked about enough is having the ability to be self-aware. Having the self-awareness to understand that your life, knowledge, motivations, and desires are very

different than most people you come in contact with. With this in mind in terms of treating non-white patients, the mindset that allows me to see if I am doing what I am supposed to be doing is to remember why I chose to go into pharmacy in the first place. One of the main reasons that I got into pharmacy is because I was seeing the effect that it had on the lives of my parents as well as many different people in the African American community. That led me on the pursuit to figure out the best ways to care for my family and community. With that being said when treating any patient, I always ask myself, "Did I give them the same level of care that I would have given to one of my parents or family members?" This mindset as well as remembering the pharmacist's oath to help those that you serve need to be in your mind every time you help any patient that comes into contact with you.

I don't recall any single moments where I experienced racism personally. But one thing that is in the back of mind is how underrepresented minorities are in the profession relative to their numbers in the general population. Even in everyday classes, it gets a little discouraging when you see relatively few people that look like you. Even though I try not to think about it too much I would be lying if I said that it did not have any effect on me. Instead of dwelling on the issue I now use this as a motivator to hopefully show future generations that if I can do it anyone can do it."

Pharmacists for Black Lives

By: Aisa Mrkulic , PharmD Candidate c/o 2022

Not naming whiteness allows racism to continue to operate. Disparate realities, so unlike that there is no basis for comparison, are those lived by student pharmacists who differ only by the color of their skin. I thank the white contributors for joining this conversation. All of us have skin in this game, a sentiment appreciated by Natalia Loomis, PharmD. Candidate '22, and Thomas Crowley, PharmD. Candidate '23.



Natalia Loomis, PharmD. Candidate;
Class of 2022

"As someone who is privileged, I remember one of my first encounters with an act of ignorance that supports the inequity in which we still live. In high school, we're sitting on the bus to go to soccer practice on an August afternoon. It is hot! It's a Summer afternoon. A black

friend of mine was putting on sunscreen. A white girl on the bus let out an ignorant remark along the lines of "Why are you putting on sunscreen? You're black." I watched my friend defend herself. She said to the offender that despite not seeing red on my skin, black people can still get sunburned. UV rays do not discriminate. As a culture we discriminate, but not the UV rays. I couldn't believe my ears, but at the same time, I could. In moments like these, ignorance is so prominent.

The fact that this is not common sense bothers me. The fact that there is systemic racism in all facets of our life, including the healthcare system, angers me. It disturbs me. Someone is more inclined to help a white person than a person of color for absolutely no reason aside from the color of their skin. I think when you become a healthcare professional, your goal should be to provide adequate healthcare across the board. No one is more or less deserving of treatment, especially based on the color of their skin. At the end of the day, it takes a lot of research to go back and fix all of our implicit biases in the healthcare system however, it is up to us to do that work as healthcare professionals and remember that our duty applies to every patient we treat.

I am fortunate enough to have friends belonging to all walks of life. Among this diversity, I have witnessed the healthcare disparities that come with being a person of color. As someone who is not of color, I feel obligated to protect those who are. I recognize that my voice will only amplify theirs. Why are people willing to listen to my voice and not that of those who are going through it? This is another issue in and of itself. I firmly believe it to be our duty to stand with and fight with those whose voices have been muted for far too long."

Thomas Crowley, PharmD. Candidate;
Class of 2023

"I want future Pharmacists to keep in mind that many of the concerns and complaints of non-white patients are taken less seriously than those of white patients. We must make sure we provide all patients with the same level of respect and attention. As the most accessible healthcare professionals, we must make sure we provide the best care possible to every patient, regardless of race. That means taking the concerns of every patient seriously and aiming to provide the best counseling possible. It means keeping your implicit biases in check. And it means not allowing discrimination in any healthcare setting to continue.

In my experience as a white male, I have not experienced discrimination directed towards myself in any healthcare setting. I have witnessed microaggressions toward non-white patients. The example I can describe best is a pharmacist who was very irritable toward patients with limited English proficiency who are Hispanic or East Asian. The pharmacist was trying very hard to finish interactions with these customers. Yet, that same pharmacist would be very kind and understanding toward patients with limited English proficiency who are from a European country such as Italy, Greece, or Germany...even though in each case it was difficult to communicate with the patient."

Not long after its call to rise up, the APhA spearheaded a campaign to address structural racism. It was on June 22nd, 2020, that the organization made the action-packed announcement.¹⁵ To date, a task force has been established and a joint statement published. The diverse group of APhA members is actively working to tackle the longstanding public health emergency, one which plagues, "every facet of our profession".¹⁵ The, "only organization representing all of pharmacy [APhA]" would officially lead the national initiative, standing against, "racism, discrimination, injustice and marginalization".¹⁵ Professional development opportunities, advocacy, policy development and publications are just a few ways they will raise awareness. Under the APhA's leadership, numerous national pharmacy organizations have joined these inclusive efforts. With the release of an engaging joint statement on June 5th came a social media campaign, marked by the hashtag PharmacistsFightingRacism.¹⁵ Pertaining to this and future endeavors, Andrew Gentles, PharmD BCPS, AQ said, "To our communities, we are listening...but most importantly, we intend to take action."¹⁵

Dr. Gentles and his task force invite us all to email taskforce@aphanet.org with suggested actions the national pharmacy organization can take against racial injustices¹³

Below are additional writings on systemic racism as it pertains to health inequity. All articles can be found on

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By: Aisa Mrkulic , PharmD Candidate c/o 2022

Medscape (with the exception of the first). Though not cited in the body of this work, these truly are worthy of our collective attention.

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Recognize that anti-black racism is a specific racism, observed across the board in all cultures of the world. Not all people of color experience equal levels of injustice. White folks and non-black people of color are invited to consider the words of indigenous Australian or Murri visual artist and women's activist, Lilla Watson. When sifting through these resources, give thought to the following, "If you have come here to help me you are wasting your time, but if you have come because your liberation is bound up with mine, then let us work together." Our liberation is bound together. Fight the good fight, but not as an act of charity. Rather, in the name of the collective.

Much thanks to Founding Director of the Academic Center for Equity and Inclusion, Dr. Manouchkathe Cassagnol, Pharm.D., BCPS, BCCP, FACC, CTTS, for making known the wise words of Watson.

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Provider Status: What is it?

By: Katharine Russo, PharmD Candidate c/o 2021

As of July 1, 2000, the Accreditation Council for Pharmacy Education (ACPE) mandated for the Doctor of Pharmacy (PharmD) degree to be the sole degree required to enter pharmacy practice in the United States.¹ With this advanced degree came the complex education, training, and clinical practice experience to ensure entrusted health professionals were entering the field of medicine. Pharmacists are highly trained upon graduation and many continue on to complete additional training in fellowships and residencies and hold board certifications to specialize. This advanced training gives pharmacists the skills and training to properly manage chronic disease states, coordinate medications during care transitions, drug therapy management, offer counseling and education for preventative screenings, and give vaccinations. However, even with this education and training, pharmacists are still unable to practice to the fullest extent of their degree. Why is this profession limited? Pharmacists in many states across the US, including New York State, are limited in practice due to lack of provider status.

Provider status refers to being able to participate in Part B of the Medicare program and bill Medicare for services that are allowed under scope of practice. Currently, the federal government does not recognize pharmacists as health care “providers”. Therefore, pharmacists’ patient care services are not included in key sections of the Social Security Act (SSA), which determines eligibility for health care programs like Medicare Part B. Medical professionals that are currently listed as “providers” under the SSA include physicians, physician’s assistants, certified nurse practitioners, clinical social workers, and certified nurse midwives among others.^{2,3} What does this mean for patients, especially those in medically underserved areas? Medicare beneficiaries are not able to receive patient care services by pharmacists like diabetes management, smoking cessation, and even annual wellness visits, which continues to potentiate gaps in healthcare.⁴

While not federally recognized, some progressive states like California, Washington, and Idaho recognize pharmacists for their training and have expanded their scope of practice. Pharmacists in California have had prescriptive authority since the California Health Manpower Pilot Projects in 1972. The resultant success of these projects led to the passage of California Assembly Bill 717 expanding pharmacists

authority in areas such as anticoagulation and drug dosing. Continued success of pharmacists’ efforts in practice paved the way for the 1981 passing of legislation that led to pharmacists in acute-care settings (ie. inpatient hospitals) the ability to adjust dosages pursuant to a prescriber’s authorization, order drug therapy-related lab tests, and order or perform routine drug therapy-related patient assessments like diabetic foot neuropathy screenings. A year later, pharmacists’ roles were expanded again with the authorization to initiate therapy pursuant to a prescriber’s order. In 1994, ambulatory care clinics were an added area of pharmacy that pharmacists were allowed to exercise their authority.

The year 2013 turned out to be one of the biggest steps for pharmacists the country had seen. Around the time the Affordable Care Act was passed, the State of California passed Senate Bill 493 allowing pharmacists to expand their scope of practice in the community setting. The expanded scope of practice allowed pharmacist to help primary health care providers who were inundated and overwhelmed by the influx of newly insured patient. This bill specifically added to the pharmacists’ functional authority the ability to, “furnish self-administered hormonal contraceptive, nicotine replacement products, and prescription drugs recommended for international travelers that do not require a diagnosis... order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies, and to now independently initiate and administer routine vaccinations, as specified”.⁵ Prior to this law, community pharmacists already had the authority to administer, oral or topical, drugs and biologicals pursuant to a prescribers’ order, administer immunizations under a non-patient specific order, and provide emergency contraception under a non-patient specific order with completion of training.

The greatest advancement for pharmacists in 2013 was when Senate Bill 493 established the State Board of Pharmacy recognition for a new pharmacist licensure known as the Advanced Practice Pharmacist (APP). The APP licensure allows pharmacists to be recognized as a provider eligible for reimbursement services. Application for this license is not available to all pharmacists. Criteria for application includes two of the following: (1) certification in a relevant area of practice, (2) completion of postgraduate residency program, and (3) experience earned associated with the provision of 1,500 hours

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of clinical services to patients under a collaborative practice agreement or protocol within 10 years of the time of application. Three years later in 2016, California pharmacists were finally granted provider status; Assembly Bill (AB) 1114 mandated the rate of reimbursement for pharmacist provider services at 85% of the fee schedule for physician services under the California Medicaid (Medi-Cal) program. However, the AB 1114 reimbursement scheme applied only to specific activities such as contraception, nicotine replacement, travel medicine, naloxone, and vaccinations.⁵ Under APP credentials, pharmacists are able to perform patient assessments, order and interpret all drug therapy-related tests, refer patients to other providers, operate as a collaborative drug therapy management pharmacist outside of an inpatient setting, and initiate, adjust, and discontinue drug therapy pursuant to an order by a patient's treating prescriber and in accordance with established protocols.⁶

In the United States, 311,200 pharmacists were gainfully employed in 2019.⁷ In 2019, 45% of U.S. adults between the ages of 19-64 were inadequately insured resulting in gaps in healthcare.⁸ The World Health Organization (WHO) addressed the world in 2011 about the role pharmacists can play in closing global health care gaps, "...pharmacists could play their part in bridging the health gaps by using their clinical skills and by teaching them to others, by promoting the professional identity and esteem of pharmacists in developing countries, by promoting and being concerned about rational drug use rather than just medicines information, and by being concerned about therapeutic outcomes rather than just drug usage".⁹ Expanding the role of pharmacists across the country and world will lead to significant improvement of healthcare outcomes. In 2015-2016, according to the National Health and Nutrition Examination Survey, 45.8% of the US population used at least one prescription drug.¹⁰ Medication use among Medicare beneficiaries is even higher; nearly half of Medicare users take at least 4 medications per day.¹¹ Improving healthcare outcomes often goes hand-in-hand with cost efficacy. Proper use of medications is essential to improving outcomes and reducing cost, something that pharmacists have shown a great impact in doing.¹² Medication nonadherence costs the healthcare industry an estimated \$100 billion annually. Pharmacists can play a major role in driving down these costs

by targeting the underlying root of the problem. Our advanced training allows us to optimize drug therapies, reduce bill burden when possible, aid in finding affordable and effective medications, and educate patients about their often complicated drug regimens.¹³

The advanced training of pharmacists and their extensive drug therapy expertise makes them highly valuable in the medical field. Lack of recognition as providers has severely impacted practice and continues to prohibit patients from getting the healthcare they need. There are many ways to get involved, join the thousands of pharmacists and student pharmacists paving the way for the profession to achieve provider status.

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New York State and Provider Status

By: Mah Noor, PharmD Candidate c/o 2021

Over the past decade, pharmacists across the nation have joined in a number of grassroots efforts to gain legislative recognition as health care providers. As of 2019, thirty-four states have recognized pharmacists as providers in at least one section of their state statute or in their state Medicaid program. In at least six states, pharmacists are not recognized as providers in their statute or Medicaid program, but are compensated for providing targeted patient care services.¹ The lack of correlation between payment and recognition of provider status is likely due to pharmacists not being recognized as providers by the federal government. However, states that have implemented changes in the pharmacy practice model have allowed pharmacists to broaden their scope of practice. Allowing them to provide patients with valuable care in line with their training.

New York State (NYS) is one of the states that does not recognize pharmacists as providers or provide compensation for their medical services. On March 7th, 2020, Governor Andrew Cuomo of New York issued an Executive Order No. 202.24 allowing pharmacists to test for COVID-19, but it did not mention pharmacists being compensated for testing.² This is not the first time pharmacists have not been adequately and fairly compensated for their services which includes patient care services such as medication coordination, medication therapy management, chronic disease management, and patient education. Allowing pharmacists to conduct COVID19 testing is a short-term fix, they should be allowed to fully use their skills and expertise. Pharmacists aren't just dispensers but play a crucial role on a healthcare team as seen with Collaborative Drug Therapy Management (CDTM), which has shown to improve health outcomes, provide higher quality of care, and reduce cost. Pharmacists have the ability to prescribe or modify medications under CDTM but they cannot bill for the service. NYS was the 41st state to allow CDTM in 2011.³ Currently, pharmacists can administer any Centers for Disease Control and Prevention (CDC)-recommended vaccines in 47 states plus Puerto Rico except New York.⁴ In New York pharmacists cannot administer Hepatitis A and B, varicella, human papilloma virus and measles, mumps, and rubella. NYS is the only state which does not allow pharmacists to administer Hepatitis A and Hepatitis B.⁵ Dozens of states have expanded the role of pharmacists in providing patient care but NYS is behind. NYS was the 48th state to allow pharmacy interns to immunize in late 2018, 46th state to allow pharmacy technician certification and registration, and 44th state to allow pharmacists to give the influenza vaccine in pediatric patients in 2018.⁷ 53 out of 62 counties in NY are medically underserved areas and there are over 19,500 pharmacists in NYS who have the skills to provide high-quality patient-centered care.⁷

In 1979, Washington State legislature dramatically expanded pharmacist scope of practice by allowing for collaborative practice agreements (CPAs). This paved the way for other states to allow a pharmacist-prescriber collaboration practice which has shown to increase the efficiency and coordination of care, and leverage pharmacists' medication expertise.⁸ In 2015, private insurers were required to include pharmacists in their provider networks. Thus, a medical service must be covered if provided by a pharmacist as long it is within the pharmacy scope of practice. Now ambulatory care pharmacists are routinely paid for services, pharmacists in primary care are also billing successfully for office visits, and more community pharmacies are billing for medical claims.⁸ Even though NYS allows CDTM, similar to CPA, the authority to engage in CDTM is set to sunset by July 2022. Every two years, pharmacists have to advocate for the renewal of CDTM thus New York State Council of Health-system Pharmacists has been pushing and advocating for bill A3048 (Seawright) "Collaborative Drug Therapy Management – Expansion and Elimination of Sunset".³ In Idaho, pharmacists are allowed to administer walk-in immunizations, point-of-care diagnostic tests, and independent prescribing of medications for common illnesses such as the flu, urinary tract infections, and smoking cessation.⁹ How does it work? The patient presents to the pharmacy with acute symptoms and completes forms on medical history and the symptoms. The pharmacist conducts a physical assessment of vital signs and based on the screening forms he/she decides whether the patient is a candidate for independent prescribing in the pharmacy or should be referred to a primary care provider. If the patient qualifies for independent prescribing and meets the criteria for treatment, the pharmacist can write the prescription and dispense it. The pharmacist must notify the patient's PCP within 24 hours and document follow-up with the patient.¹⁰ Four states have created advanced practice pharmacist designations in state law: advanced practice pharmacist (California), clinical pharmacist practitioner (Montana and North Carolina), and pharmacist clinician (New Mexico). Under these designations, pharmacists can order and interpret drug therapy-related tests, and initiate or adjust/modify medications under CPA.¹¹ Eleven States (California, Colorado, Hawaii, Maryland, New Hampshire, New Mexico, Oregon, Tennessee, Utah, Washington, and West Virginia) allow pharmacists to provide and dispense self-administered contraceptives without a prescription under requirements set by individual state laws. Only in Oregon, pharmacists can also prescribe and administer injectable contraceptives.¹²

Why is it important to advocate for Pharmacist Provider Status? Pharmacists are one of the most underutilized health care professionals. They are on the front-line dispensing medications, counseling patients, and providing direct patient care in hospitals

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or ambulatory clinics. By 2025, the U.S. could see a shortage of as many as 31,100 primary care physicians. Even if nurse practitioners and physician assistants are fully utilized, patient needs will not be fully met.¹³ We have pharmacists who can manage chronic diseases, including high blood pressure, diabetes and high cholesterol. Yet due to limitations on both federal and state levels, as seen in New York, scope of practice is being restricted and no reimbursement for services are being provided. CPAs have been shown to improve outcomes in patients with hypertension, diabetes, clotting disorders and high cholesterol while lowering adverse drug reactions and costs.¹⁴ Immunization rates across the U.S. have continued to increase since pharmacists began vaccinating.¹⁵ Any advancements that have been made thus far on state levels has been due to the advocacy work of pharmacists and pharmacy students across the country. A small proportion of our legislators have a medical background; even fewer have a pharmacy background. It is our job to educate lawmakers on pharmacy thus future pharmacists can treat patients to the full extent of their knowledge and abilities.

Rebecca P. Snead, BSPHarm, NASPA Executive Vice President and CEO stated, "The large number of states who already have recognized pharmacists as providers or practitioners is both exciting and sobering news, It's exciting because it shows us that there are fewer statutory barriers to payment for pharmacists' patient care services, but also is a reminder that there is much work to be done beyond legislative advocacy."¹

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The State of Pharmacy Advocacy in New York

By: Jeremy Mesias, PharmD Candidate c/o 2022

As we begin another October, we mark the start of American Pharmacist Month and celebrate pharmacists and their work around the country. We are also reminded of the great leaps and bounds our profession has made over the years to advance patient care. Behind all great progress, though, are movements of people uniting to call for change. The pharmacist faces a unique role as the nation's most accessible health care provider yet remains the most underutilized professional on the healthcare team. National movements are currently underway in addition to statewide initiatives to push for pharmacists to get "provider status" and be able to serve our patients to the best of our ability. Student pharmacists are integral in pushing for change on federal, state, and local levels, as they have done so for so many movements that came before.

Provider status allows for medical professionals to bill patients and insurances for services provided underneath the Medicare Part B of the Social Security Act. Attaining provider status would also ensure that patients are able to receive the full array of clinical services that pharmacists are allowed to provide under their state's scope of practice.¹ Currently, they are one of the few healthcare practitioners that lack recognition as healthcare providers under federal law. Nearly all other healthcare professional services are rightly covered under the Social Security Act, including services provided by midwives, chiropractors, and dieticians, but not services rendered by pharmacists..^{2,3} Over the past 50 years, our profession has made the evolution from purely a dispensing role to being an integral part of the healthcare team and patient-centered medical home.³ It is beyond time for this movement.

The COVID-19 pandemic further illustrated how pharmacists are able to play a much larger role in addressing public health concerns if given an expanded scope of practice. In May, New York Governor Andrew Cuomo mobilized pharmacists in the fight against the Coronavirus and launched a COVID-19 testing program in independent pharmacies across the state.⁴ The data collected from these

pharmacies allowed for New York to go from the state with the highest infection rate to the lowest in a matter of weeks. Pharmacists have six to eight years of higher education, hands-on training, and clinical expertise. Many pharmacists pursue post graduate training to further enhance their knowledge and develop their skills. Studies consistently show that our services directly correlate to improved health outcomes, higher quality of care and reduced costs.³ Should we get provider status, we will be able to further address gaps in the need of public health as well as continue to improve patients' quality of life. This movement begins with advocacy.

On the national front, the American Pharmacist Association (APhA) currently leads the push for federal pharmacist provider status through their campaign, Pharmacists Provide Care. This initiative seeks to educate the public on why pharmacists should be given provider status, arguing that, "they are a major player in today's healthcare arena. They are providers in every sense of the meaning—save the official title."⁵ APhA is calling on Congress to pass a bill that would, "amend section 1861(s)(2) of the Social Security Act to enable Medicare beneficiaries to access pharmacist-provided services under Medicare Part B."⁵ If passed, pharmacists in all 50 states would gain provider status and be able to use the full array of their abilities to improve patient care.^{2,5}

The states are pushing their own initiatives. In New York State alone, a number of different organizations are advocating for change in the way that pharmacists practice and allowing student pharmacists to play in active role in each step of the process. Each year, the Pharmacists Society of the State of New York (PSSNY) goes up the steps of the Albany capitol building to meet with state representatives and discuss policy proposals. Divided into two days, the first is for Independent Pharmacists and Pharmacy Owners to lobby for our current legislative agenda. The second day is designed to educate student pharmacists on the legislative process and continue the lobbying efforts to

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advance our scope of practice. Both pharmacists, along with student pharmacists, are highly encouraged to tag along and play an active role in shaping the laws that determine how we practice.⁶ Another organization that works tirelessly to optimize the role of pharmacists is the New York State Council of Health-System Pharmacists (NYSCHP). In 2017, they established the Grassroots Advocacy Committee (GAC) to provide pharmacists, student pharmacists, and their constituents a tangible way to bring awareness and advocate for our profession.⁷ In addition to their Advocacy Week, which focuses on legislative visits in Albany, the GAC educates members on health-system pharmacy legislative priorities, helps members set up local meetings with their state legislators, and assists members in responding to legislators' questions.⁸ It essentially provides its members with the resources and tools to call for change in their own communities and then act upon it.

The Coalition for the Advancement of Pharmacy Practice (CAP) is the newest addition to the field of advocacy in NYS. Established as a grassroots movement during the height of the COVID-19 Pandemic, a group of volunteer pharmacists and pharmacy students from all backgrounds and areas of pharmacy practice came together to address the hardships patients that were brought on by the novel coronavirus. Thus, The Coalition was formed. Their goal is to find ways for pharmacists in New York to work collaboratively with our health care colleagues to optimize patient care. The idea of a team-based approach to healthcare is central to the movement. CAP aims to educate patients, members of the healthcare team, and the general public on the usefulness of the pharmacist and show them what they can bring to the table in terms of contributing to the public health efforts around the pandemic and beyond, enhance patient access to care, and ultimately improve patient outcomes.⁹

In celebration of American Pharmacists Month, CAP kicked off a social media campaign titled, "Bring Your Own Person 2020" (BYOP) to diversify the face of pharmacy

and highlight a pharmacist's impact through another person's narrative. The campaign aims to unite our profession through our collective voice, as well as bringing our own "people" into the fold. Our "people" can include anyone whose life has been positively influenced by a pharmacist or anyone who has seen the pharmacist hard at work and can speak to the value they can bring to the team. You can get directly involved by sharing your story through a picture, video, poster, or anything else highlighting your experience with a pharmacist on Instagram or Twitter using the #BYOP2020 and #NY hashtags. With a goal of thirty thousand posts in thirty days (signifying the number of days in October), take the extra time to share your story to thank a pharmacist who has helped you and be a part of the campaign today!¹⁰

All this begs the question, "how can we, as pharmacy students get more involved and advocate for the future of our profession?" It's important to remember that all politics are local. Start at home and bring it up in conversation with your family and friends and explain to them the many roles that pharmacists take on beyond the traditional view of only pill counters. Pharmacists can do so much more besides that; they are able to immunize, help manage chronic disease states, ensure medication is working optimally, and the list goes on. After that, join an organization that continues to advocate for positive and meaningful change in the profession. Play an active part in shaping your future by educating yourselves on the different initiatives that organizations are fighting for. Talk to your local legislator and ask for their support on a piece of legislation that would advance our cause. As a student pharmacist, the opportunities to advocate for our profession are limitless.

As the landscape of pharmacy continues to evolve, one thing remains constant: our commitment to advancing patient care and pharmacy practice. By getting involved in advocacy efforts, student pharmacists are able to have their voice heard and directly impact the future of their profession. The advancements made from previous move-

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ments, such as most recently helping to grant pharmacy interns the ability to immunize patients in New York State, has shown that student pharmacists are able to play an active and meaningful role as advocates. Whether it is lending a hand to grassroot groups or through writing a letter to your local politician, there is an opportunity for everyone to get involved in the movement and become an agent for positive change.

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The Psychological impact of COVID-19 on Mental Health & Quality of Life

By: Shea Dorsey, PharmD Candidate c/o 2021

COVID-19 has taken a major toll on the mental wellbeing of people around the world and continues to do so today, almost 7 months after the United States first announced quarantine. Many individuals previously diagnosed with an anxiety disorder, depressive disorder, trauma-and stressor-related disorder (TSRD) or expressed suicidal ideation before the COVID-19 pandemic, report their condition worsening due to the burdens on lifestyle, family, health, and all-around fear of the pandemic. Individuals who were not previously diagnosed with a mental illness have also addressed their new symptoms of adverse mental and behavioral health conditions due to COVID-19 in a magnitude of mental health studies.¹

In August 2020, the Centers for Disease Control and Prevention (CDC) released a report to assess mental health and suicidal ideation among individuals in the US. The study was conducted from June 24-June 30, 2020 and consisted of 5,470 eligible patients. Participants who were eligible had to be a minimum of 18 years of age and had to be residing in the US. The patients completed online surveys that included questions about their feelings and understanding of COVID-19, demographics, and the social and behavioral health impacts of the COVID-19 pandemic. The four-item Patient Health Questionnaire (PHQ-4) was used to determine symptoms of anxiety or depression and the six-item Impact of Event Scale (IES-6) was used to determine COVID-19-related TSRD. Of the 5,470 participants, 40.9% reported an adverse mental or behavioral health condition. Of those who had a condition, 30.9% reported symptoms of anxiety or depressive disorders, 26.3% reported TSRD symptoms related to COVID-19, and 10.7% reported considering suicide within the past 30 days of completing the survey. Participant demographics were used to perform subgroup analyses among various groups of individuals. Overall, those aged 18-24 years old reported the most events of adverse mental or behavioral health conditions. Participants who reported already receiving treatment for diagnoses of anxiety, depression, or TSRD before the start of the survey reported worsening of symptoms. Unpaid caregivers for adults, defined as a person who self-reports that he or she provides unpaid care to anyone over the age of 18 by allowing them to help take care of themselves within the past 3 months, had a much greater incidence of adverse conditions compared to those who are not caregivers. Unpaid caregivers for adults had three times higher odds of reporting adverse conditions and suicidal ideation

in June compared to before the start of the COVID-19 pandemic.¹

Many healthcare workers, especially those directly exposed to COVID-19 patients, have faced many different psychological burdens and stress including anxiety and depressive symptoms, emotional breakdowns, and sleep disturbances. In China, a national, cross-sectional online survey was conducted among healthcare professionals using the Patient Health Questionnaire (PHQ) to assess depressive symptoms and quality of life (QOL). If the patient's score reflected depression, then the score was used to determine the depression severity. Out of the 1,103 emergency department nurses who completed the survey, 43.6% were classified as being depressed based on their survey score with 27.7% of those nurses reporting mild depression, 8.6% reporting moderate depression, 5.3% reporting moderate-to-severe depression, and 2.1% reporting severe depression. It was also noted that nurses suffering from depression had a much lower QOL than those nurses who did not report depression.²

To address the current effects of COVID-19 on mental health, many approaches have been considered as to how to combat the issue and improve the mentality of the overall population. Telehealth, a means of providing health services remotely, has been heavily utilized during the pandemic to promote healthcare during quarantine and to allow people to receive health services from home. Telehealth is an effective way to deliver mental health treatment and many psychology and psychiatry programs addressing mental health have moved to a remote setting to promote patient access.¹ The American Psychiatric Association has made a COVID-19 online resource page consisting of a collection of helpline numbers that are available to call 24 hours a day, 7 days a week to discuss mental health conditions based on individual need. The helplines include the Disaster Distress Helpline, National Suicide Prevention Lifeline, Physician Support Line, Crisis Textline, Veterans Crisis Line and many others.³ Similarly, the CDC also has a list of helplines on their website that address issues such as suicidal ideation, crisis, and substance abuse. Guidelines addressing stress coping mechanisms, how to identify factors of depression or anxiety, and how to improve mental health during the pandemic are also provided.⁴ Plans have been implemented to organize regular screening for depression and anxiety for workers in the

The Psychological impact of COVID-19 on Mental Health & Quality of Life

By: Shea Dorsey, PharmD Candidate c/o 2021

prove mental health during the pandemic are also provided.⁴ Plans have been implemented to organize regular screening for depression and anxiety for workers in the healthcare setting. Screening will allow for treatment of psychological symptoms in depressed patients and allow healthcare facilities overall to continuously consider the mental wellbeing of their workers.²

Sources

1. Czeisler MÉ, Lane RI, Petrosky E, et al. Mental health, substance use, and suicidal ideation during the COVID-19 pandemic — united states, june 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1external icon>
2. An Y, Yang Y, Wang A, et al. Prevalence of depression and its impact on quality of life among frontline nurses in emergency departments during the COVID-19 outbreak. *J Affect Disord*. 2020;276:312–315. doi:10.1016/j.jad.2020.06.047
3. APA Coronavirus Resources. COVID-19 / Coronavirus Resources. <https://www.psychiatry.org/psychiatrists/covid-19-coronavirus>. Accessed September 7, 2020.
4. Coping with a Disaster or Traumatic Event. Centers for Disease Control and Prevention. <https://emergency.cdc.gov/coping/selfcare.asp>. Published September 13, 2019. Accessed September 7, 2020.

RHO CHI POST: TEAM MEMBERS



@ Katharine Russo

6th Year, STJ; Editor-in-Chief

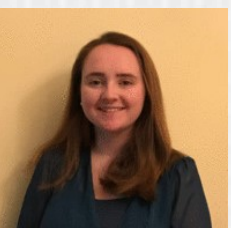
The Rho Chi Post has been a forum for students, faculty, and staff to advance their knowledge in the field of pharmacy since 2011. The platform allows for students to practice their written communication skills while offering an innovative and creative workspace to bring together various aspects of the pharmacy profession. I am proud to continue this tradition by fostering a publication suited to keep our readers up-to-date, especially in these unprecedented times during the COVID-19 pandemic.



@ Shireen Farzadeh, PharmD

Graduate Copy Editor [Content-Focused]

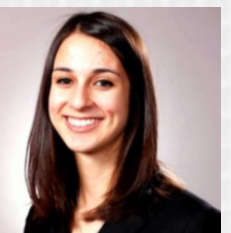
I am excited to join Rho Chi Post and contribute to the award-winning newsletter for students to share ideas, opinions, and pertinent topics! Writing for the Rho Chi Post is an opportunity to express our appreciation for pharmacy and educate ourselves and our peers. I hope to inspire students to discover their passion for writing and to stay up to date on our evolving profession!



@ Kathleen Horan, PharmD

Graduate Copy Editor [Content-Focused]

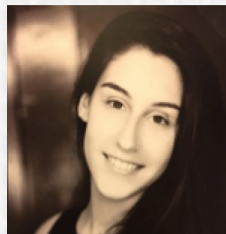
I have always loved writing, and I hope to couple my passion for writing with my interest in clinical pharmacy by becoming a writer and staff editor for the Rho Chi Post. As a writer and staff editor for the Rho Chi Post, I hope to write and edit informative and interesting articles that relate to the world of healthcare and pharmacy. I am so excited to join this team of student pharmacists and writers.



@ Nicollette Pacheco, PharmD

Graduate Editor [Graphics-Focused]

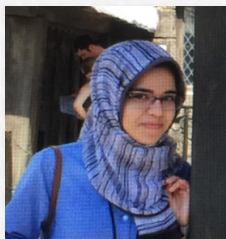
As a member of the Rho Chi Post team, I have a vast appreciation of what it means to be a pharmacist in the rapidly evolving world of healthcare. As a graduate editor, I will continue to bring my passion for science and creativity to the Rho Chi Post.



@ Anna Diyamandoglu, PharmD

Graduate Copy Editor [Content-Focused]

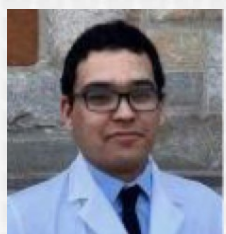
Throughout my time in the PharmD program, my understanding of pharmacy as a profession has evolved and deepened as much as my desire to create awareness, particularly to non-science students, about the diverse role pharmacy plays in various healthcare and non-healthcare settings. I have always had an affinity for writing and look forward to combining my interests in literary composition, editing and pharmacy to produce relevant issues which both pharmacy students and non-pharmacy students alike will find relatable and take an interest in.



@ Sarah Hewady, PharmD

Graduate Copy Editor [Content-Focused]

The importance of staying updated on relevant healthcare matters cannot be overstated. I appreciate the mission of Rho Chi Post in that it successfully compiles clinically relevant and up-to-date information for its audience. Wanting to contribute to this cause is what sparked my interest to become a staff editor. I hope to broaden the scope of knowledge of the public as well as aid healthcare practitioners in the clinical decision-making process.



@ Jonathan Mercado, PharmD

Graduate Copy Editor [Content-Focused]

The Rho Chi Post breaks barriers for students that want a glimpse of their future and acts as an inspiration to work harder to achieve their goals. It is an embodiment of the motivation and intelligence that drives pharmacy students to be the most informed and capable professionals they can be. I am glad to be a part of that mission and to channel my passion and interests through this newsletter.

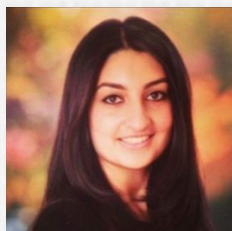


@ Joseph Eskandrous, PharmD

Graduate Staff Writer

In the world of pharmacy, knowledge becomes outdated within hours of when you learned it. The miracle drug that used to be considered the standard of therapy is replaced by the latest and greatest. My role as a Staff Writer for the Rho Chi Post is to bring these changes to the forefront in order to empower future pharmacists and to improve the quality of patient care.

RHO CHI POST: TEAM MEMBERS



@ Daniela Farzadfar, PharmD
Graduate Staff Writer

Pharmacy is a constantly evolving profession. Writing for the Rho Chi Post gives me the opportunity to enlighten my peers and myself on changes occurring in the field that we are often not taught in the classroom. The Rho Chi Post serves as a creative outlet where students can express their opinions and share new information by combining their passion for writing and the pharmacy profession. I hope that my contribution to this newsletter inspires others to improve patient outcomes by staying up to date on recent changes.



@ Evanthis Siozios, PharmD
Graduate Staff Writer

Rho Chi Post is a newsletter that gives students the opportunity to learn and write about novel topics and broaden their knowledge while demonstrating their writing skills. For me, being involved with this newsletter is not just about learning something new but also sharing relevant topics which have an impact on patients' lives. I have learned so much from writing for the Rho Chi Post and hope to inspire others with my words. As a future pharmacist I want to learn to teach and get to give.



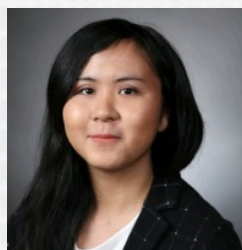
@ Maryam Sekhery, PharmD
Graduate Staff Writer

I have always looked forward to reading Rho Chi Post's newsletters and can now proudly say that I am a member of the Rho Chi Post team! The field of pharmacy is always changing, and Rho Chi Post is one-way students can stay up to date regarding current events in the profession and express their views on the dynamic aspects of pharmacy. I look forward to contributing to Rho Chi Post as a staff writer and am grateful for the opportunity to create original content for the newsletter.



@ Alisha Kuriakose
5th Year, STJ; Finance & Outreach Manager

I wanted to be part of Rho Chi Post as it provides a platform for students to express their ideas and educate others on global healthcare issues. As a future pharmacist, this is my way of contributing to the change I want to see in our growing profession and make my voice heard. I am very excited for the privilege to work alongside the editorial board to produce a newsletter and serve as the 2020-2021 Finance and Outreach Manager!



@ Lexie Villarias
5th Year, STJ; Copy Editor [Graphics-Focused]

With the world of pharmacy changing day by day, it can be challenging to keep up with all the updates. The Rho Chi Post provides an excellent platform for students to share their insights and thoughts on the happenings within the field. I'm excited to join the Rho Chi Post and a team that is passionate about the profession. With a passion in graphic design, I hope to continue the vision the newsletter has and am grateful for the opportunity to do so!



@ Jason Ifeanyi
5th Year, STJ; Social Media Manager

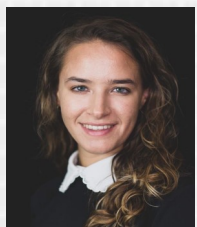
The Rho Chi Post has a clear mission: to advance the profession of pharmacy by instilling the desire in others to pursue intellectual excellence and critical inquiry. I could not be more excited to join the Rho Chi Post. This an interactive platform that affords me a unique opportunity to contribute to the process of educating readers on advances made in drug discovery and development, modifications in treatment guidelines, and the implications these changes have on the practice of Pharmacy. I am eager to work on this team of equally motivated students, and I look forward to utilizing my skills, past work and volunteer experiences to assist the Rho Chi Post in achieving their goals.



@ Michael Lim, PharmD
Graduate Staff Writer

In the spirit of advancing the pharmacy profession, the Rho Chi Post never ceases to produce valuable content showcasing the innovation and diversity of the career. As a Staff Writer for the Post, I am honored to have the opportunity to use writing to both educate and push readers to strive for excellence in their professional pursuits. I hope that my contributions to the newsletter are able to foster growth in an informative and accessible manner.

RHO CHI POST: TEAM MEMBERS



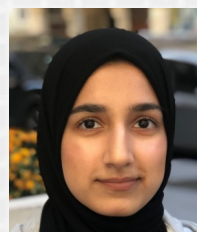
@Carolina Guerreiro
6th Year, STJ; Staff Editor

As a student of the arts and sciences all my life, I have always been interested in the intersection between the two. The most exciting part about being a Staff Editor for the Rho Chi Post is not only the ability to share the most exciting and clinically relevant healthcare news with our audience, but also having the opportunity to tap into my creative side while relying on my clinical knowledge and previous scientific writing experience. When I'm not busy editing, I am working to capture stories that raise awareness about the diverse roles pharmacists can play in healthcare settings worldwide. I strive to share my vision of untamed areas of pharmacy practice and hope to inspire you as readers to explore them for yourselves



@Erica Tonti
5th Year, STJ; Staff Writer

The profession of pharmacy is constantly evolving and adapting to the ever-changing field of healthcare. The Rho Chi Post serves as an amazing outlet for students to be informed, as well as to inform others, on the most up to date and relevant information. I could not be more excited to join the Rho Chi Post. This opportunity allows myself and my peers to take initiative and raise awareness of the advancements in the field of pharmacy. As a staff writer, I look forward to contributing to the Rho Chi Post and am grateful for the opportunity to educate students on the growth within our profession.



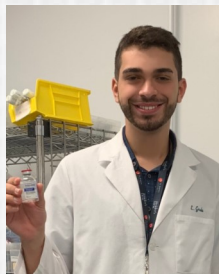
@Rubab Hassan
5th Year, STJ; Staff Writer

The Rho Chi Post gives pharmacy students the opportunity to explore their interests, whether it be editing, writing, or graphics, while also enhancing their skills and knowledge as student pharmacists. I am excited to be a part of the Rho Chi Post because it is a great way to expand on what I have learned during my time in pharmacy school and also keep developing my writing skills. Being a writer gives me an outlet to raise awareness on the advancements that are constantly happening in the field of pharmacy and allows me to be part of an amazing team in hopes of providing other students with our best work.



@Tobin Kuriakose
6th Year, STJ; Staff Writer

The world of pharmacy is constantly making advancements day after day in order to better care for patients and allow them to return to their healthy lives. Rho Chi Post serves as an outlet for students to update themselves without the hassle of having to debate whether the information is accurate or not. I look forward to working with the Rho Chi Post staff to educate students about the growth within the field of pharmacy and to be source of enrichment during a busy school schedule.



@Edwin Gruda
5th Year; STJ; Staff Writer

My name is Edwin and I am a Doctor of Pharmacy student at St. John's University. My favorite aspect of pharmacy school is learning about the clinical and therapeutic components of drugs and diseases. As a kid, I was interested in both the math and sciences. The reason I chose pharmacy over other health care professions is because a lot of people rely on their medications to make them feel better. Pharmacists are the most accessible healthcare providers and are able to help patients optimize their drug therapy in order to improve their health. Throughout the beginning of pharmacy school, I volunteered at Columbia University Medical Center on the oncology department for one year. After that, I have been working as a pharmacy intern at Sandcastle Pharmacy, which is primarily an HIV specialty pharmacy. As a staff writer, I want to highlight the critical role of clinical pharmacists within an interdisciplinary team, in improving and enhancing a patient's quality of life.



@Natalia Loomis
5th Year STJ; Staff Writer

The profession of pharmacy and what a pharmacist entails is an ever evolving journey. Rho Chi Post becomes an excellent resource in tracking these advances. It provides student pharmacists to not only read and become educated on what other paths might be in store for them, but to become part of the team and create their path. I am so thankful and excited for the opportunity to become a staff writer for the RCP; allowing myself to use my creative ability to not only create my path, but write content to shed a light on all the amazing opportunities that of being a pharmacist entails.



@Jeremy Mesias
5th Year, STJ; Staff Editor

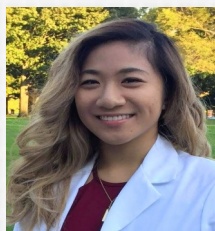
The field of pharmacy is constantly growing and improving with every coming day. Today's headlines become tomorrow's history. As healthcare leaders in a dynamic field, it is important to stay up to date. The Rho Chi Post serves as an excellent tool to help students become more informed about our profession, as well as providing them with the opportunity to contribute their own two cents to the conversation. I am excited to join the team and look forward to contributing to keeping students on top of current pharmacy advancements.



@Aiša Mrkulić
5th year; STJ; Staff Writer

It is admirable of the Rho Chi Post to provide us student pharmacists with a platform to use our voice. Home to the free-exchange of thoughts, opinions & ideas, all are welcome to contribute—so don't count yourself out! Eager to use my voice more than ever before, I counted myself in. As a Staff Writer, patient advocacy, furthering of public health initiatives & diversifying public perception of pharmacists all suddenly become possible. After all, who if not us is to showcase the value of America's most-trusted healthcare professional? I encourage both our loyal & first-time readers to please, read on with us. To learn to read is to learn to write and to learn to write is to become better communicators—disseminators of information. When this occurs, the quality of patient care improves...& that is always the goal.

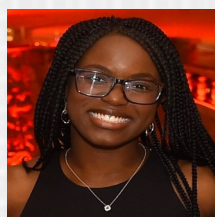
RHO CHI POST: TEAM MEMBERS



@ Nicole Ng

5th Year, STJ; Website Liaison

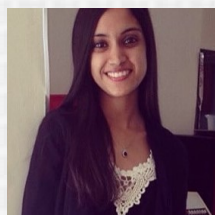
Being able to join the Rho Chi Post not only gives me the opportunity to expand my knowledge of the profession of pharmacy, but also allows me to be a part of educating students about the constant changes within the field. Through my involvement, I hope to increase the accessibility of our content and motivate students to broaden their knowledge and stay up-to-date. I am excited to work with the team to produce a newsletter that effectively and efficiently communicates all news that affects our healthcare profession.



@ Tolulope Omisakin

5th Year, STJ; Staff Editor

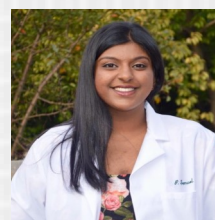
As an avid reader, I have always taken an interest in how things were written. Whether it be novels, journal articles, or magazine columns, there is always a peculiar way in which a writer tells a story. The real story is only 50% of what is written and the rest is in how the writer decides to disseminate that information. The Rho Chi Post serves as an amazing outlet for student pharmacists, allowing us to delve into the intricacies of different perspectives and ideas in the world of pharmacy. It also gives us the opportunity to decide how we want to detail these new found perspectives and ideas to our audience. As an incoming editor for The Rho Chi Post, I hope to enhance and curate the way each writer tells their stories and help them reach their audience at new levels.



@ Shivani Shah

6th Year, STJ; Staff Writer

As students in a dynamic healthcare profession, it is important to keep up to date with literature and publications regarding the pharmacy profession. Rho Chi Post serves as a great outlet for students to catch up on pharmaceutical innovations and progress going on in the career. Being a staff writer motivates me to constantly research and share new, exciting advancements with fellow students. I look forward to reading articles in the Post and hope to spark others curiosity and interest!



@ Preethi Samuel

6th Year; STJ; Staff Writer

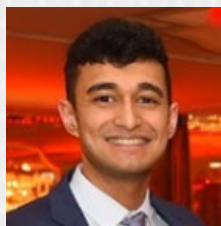
As future drug experts, we student pharmacists have a responsibility to take initiative and educate ourselves on advancements in healthcare, so as to improve the quality of patient care. The Rho Chi Post serves as a great platform for students to get information that is both accessible and accurate. To be a voice for my future, fellow pharmacists is to be heard and my patients cared for---as pharmacists are their best, sometimes their only, advocates. I hope that my contributions to the RCP spark readers' curiosity, and inspire conversations of how we may become better pharmacists.



@ Mah Noor

6th Year, STJ; Staff Writer

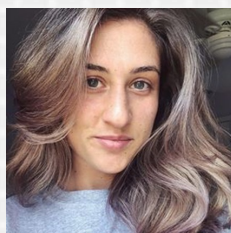
Rho Chi Post is an amazing student-operated newsletter publication that is doing an astonishing job delivering updated news as well as giving students the opportunity to give back to the pharmacy community. As a staff writer, I hope to play a key role in educating students on the different aspects of pharmacy and how much growth takes place in this field. Reading the Post since freshman year has helped me gain a better understanding of what it means to be a pharmacist and I hope to achieve that same understanding in students who read my articles.



@ Nishanth Viswanath

5th Year, STJ; Staff Writer

The profession of pharmacy is continuously expanding to meet new demands and offer novel platforms for innovation in healthcare. With an abundance of new information and guidance being published everyday, it can become difficult for students and professionals to stay updated with relevant information and find new outlets to learn. The Rho Chi Post not only allows us to be informed about the current state of our profession, but also allows students to voice their opinions and connect with each other through literature. I am excited to be part of its team, and hope to provide meaningful and resourceful contributions.



@ Dana Weinstein

5th Year; STJ; Staff Writer

I am so excited to be a part of the Rho Chi Post team. This opportunity allows both myself and my peers to be well informed about the ever-changing profession of pharmacy and the vital developments in science and healthcare. Beyond the classroom setting, this newsletter fills in the gaps for the most up-to-date and current advancements for students and faculty. As a staff writer, I look forward to acting as an educator, a motivator, and an executor to further the mission and goals of the Rho Chi Post.



@ Zarnab Jillani

5th Year; STJ; Staff Writer

The Rho Chi Post is a great platform for students to not only apply what they have been learning in school, but to break norms and report on pharmacy related events that are not always addressed in an academic setting. I look forward to writing for the Rho Chi Post because it will give me a way to delve deeper into what I'm studying at the moment and give me a chance to share that with my peers. Moreover, with the constantly changing world of pharmacy it is important to stay up to date and present the information in a creative way.

MISSION

The Rho Chi Post is an award-winning, monthly, electronic, student-operated, faculty-approved publication that 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 aims to become the most exciting and creative student-operated newsletter within St. John's University College of Pharmacy and Health Sciences

Our newsletter continues to be known for its relatable and useful content

Our editorial team continues to be known for its excellence and professionalism

The Rho Chi Post essentially sets the stage for the future of student-operated publications in pharmacy

VALUES

Opportunity

Teamwork

Respect

Excellence

GOALS

To provide the highest quality student-operated newsletter with accurate information

To maintain a healthy, respectful, challenging, and rewarding environment for student editors

To cultivate sound relationships with other organizations and individuals who are like-minded and involved in like pursuits

To have a strong, positive impact on fellow students, faculty, and administrators

To contribute ideas and innovations to the Pharmacy profession