

An award-winning, bimonthly, electronic, student-operated newsletter publication by the St. John's University College of Pharmacy and Health Sciences Rho Chi Beta Delta chapter











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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.



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Shivani, Sona, Connie, Ashley, Oudit, and Hajin (from Left to Right), pictured with Dr. Joseph Etzel (Back)

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QUOTE OF THE MONTH

By: Matthew Kahn, Graphics Editor





Treatment of initial and recurrent Clostridium difficile colitis

By: Joseph Eskandrous, PharmD Candidate c/o 2019

Clostridium difficile (C. difficile) is a gram-positive, anaerobic, sporogenic bacterium that is primarily responsible for antibiotic-associated diarrhea and is a significant nosocomial pathogen. 1 Clostridium difficile infection (CDI) is triggered by toxin production from the bacteria. Normal bacterial flora is disrupted when the colon is colonized with C. difficile bacteria, which leads to the release of toxins that cause mucosal damage and inflammation.² Normal bacterial flora is typically disrupted by antibiotic treatment, with clindamycin (Cleocin®) as the earliest reported cause. CDI, however, can be triggered by nearly any antibiotic. One recent meta-analysis has implicated cephalosporins (third generation > fourth generation > second generation), clindamycin, carbapenems, trimethoprim/sulfonamides, fluoroquinolones and penicillin combinations as the most frequent offenders.3

CDI is the leading cause of infectious healthcare-associated diarrhea. Recently, it was estimated that there are approximately 500,000 CDI cases per year in the United States.⁴ Moreover, CDI has a significant impact in terms of mortality because 15,000 to 20,000 patients die annually from CDI in the United States.⁴ The economic impact of C. difficile-associated infection is substantial, with an annual cost of more than one billion dollars.⁵ It increases hospital length of stay by three to twenty days.⁴ It increases hospital mortality by 4.5-fold, and nursing home mortality by 7-fold.⁵ CDI should be suspect in patients with acute diarrhea, three or more stools a day, with no obvious alternative cause (such as a laxative or inflammatory bowel disease).⁶ Risk factors of CDI must also be considered such as recent antibiotic

use, hospitalization, and advanced age. Patients suspected of having an active CDI should be placed on contact precaution preemptively pending a stool-test positive for C. difficile toxin.

The recommended treatment for an initial CDI episode is either vancomycin (Vancocin®) or fidaxomicin (Dificid®). The dose is vancomycin 125 mg orally four times per day or fidaxomicin 200 mg twice daily for ten days.6 It is important to note that for an antibiotic to be effective against CDI, the antibiotic must be able to concentrate in the large intestine. Therefore, both vancomycin and fidaxomicin must be administered orally. Metronidazole (Flagyl®) is another antibiotic with evidence supporting its use in patients with CDI. A prospective, randomized, double-blind trial comparing vancomycin and metronidazole for the treatment of C. difficile associated diarrhea assessed clinical cure rates of 150 patients given oral metronidazole 250 mg four times daily (n = 79) compared to oral vancomycin 125 mg four times daily (n = 71).⁶ Cure was superior for all patients given oral vancomycin (97%) compared to metronidazole (84%; P < .006).6 Therefore, the use of metronidazole is limited to areas in which fidaxomicin and vancomycin are not readily available.

Alongside oral antibiotics, there are several strategies employed to prevent recurrence of CDI. It is important to discontinue therapy with the suspected inciting antibiotic as soon as possible as this may influence the risk of CDI recurrence. Antibiotic therapy with vancomycin or fidaxomicin should be started empirically if a substantial delay in laboratory confirmation is expected (eg, >48 hours) or if a patient presents with fulminant CDI, a more

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severe form of CDI in which the patient also presents with lactic acidosis, fever and marked leukocytosis.⁶ The addition of an antimotility agent, such as loperamide (Imodium®) or diphenoxylate with atropine (Lomotil®), is usually discouraged in a patient with active CDI, but more evidence is needed to suggest disuse. Finally, if patients have improved, but have not had symptom resolution in ten days, extension of the treatment duration to fourteen days should be considered.⁶

With the looming threat of antibiotic resistance, recurrent CDI is always a concern throughout the initial treatment. Approximately twenty-five percent of patients treated for CDI with vancomycin can be expected to experience at least one additional episode.⁶ Interestingly, recurrence rates are significantly lower following treatment of an initial CDI episode with fidaxomicin as compared to vancomycin.⁶ Risk factors for CDI recurrence are the administration of other antibiotics during or after initial treatment of CDI, a defective humoral immune response against C. difficile toxins, advancing age, and increasingly severe underlying disease. Continued use of proton pump inhibitors (PPIs) has also been associated with an increased risk of recurrence.6 The treatment of choice for a recurrent CDI is dependent on the antibiotic utilized during the initial episode. If vancomycin was used for the initial episode, then fidaxomicin 200 mg orally twice daily for ten days or a vancomycin pulsed-tapered regimen is recommended. The vancomycin pulsedtapered regimen is 125 mg orally four times daily for ten to fourteen days, then 125 mg orally twice daily for seven days, then 125 mg orally once daily for seven days, then 125 mg orally every two or three days for two to eight weeks.6 The rationale behind giving vancomycin in this pulse-tapered fashion is that C. difficile vegetative forms will be kept in check while allowing restoration of the normal microbiota. If fidaxomicin or metronidazole was used for the initial episode, the treatment of choice is vancomycin 125 mg orally four times daily for ten days.

CDI has become a large burden on the healthcare system through its extension of hospital stays and its ability to reoccur in twenty-five percent of patients treated with the standard of care. Vancomycin and fidaxomicin are the standard treatments of choice for both initial and recurrent CDI. Emphasis cannot be minimized, however, on the importance of supportive care and measures to prevent recurrence and extended inpatient stay.

SOURCES:

- 1. Edwards AN, Suárez JM, McBride SM. Culturing and maintaining Clostridium difficile in an anaerobic environment. *J Vis Exp.* 2013;(79):e50787. Published 09/14/2013. doi:10.3791/50787
- 2. C.P. Kelly, C. Pothoulakis, J.T. LaMont, Clostridium difficile, colitis, N Engl J Med, Vol. 330, 1994, 257-262
- 3. C. Slimings, T.V. Riley, Clostridium difficile, infection: update of systematic review and meta-analysis, J Antimicrob Chemother, Vol. 69, 2014, 881-891
- 4. Rupnik M, Wilcox MH, Gerding DN. Clostridium difficile infection: New developments in epidemiology and pathogenesis. Nature Reviews Microbiology. 2009;7:526–536.
- 5. Kyne L, Hamel MB, Polavaram R, et al. Health care costs and mortality associated with nosocomial diarrhea due to *Clostridium difficile*. Clin Infect Dis. 2002;34:346–353.
- 6. L Clifford McDonald, Dale N Gerding, Stuart Johnson, et al. Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA), Clinical Infectious Diseases, Volume 66, Issue 7, 19 March 2018, Pages e1–e48.



Challenging the stigma of mental health

By: Mah Noor, PharmD Candidate c/o 2021

As society flourishes, life seems to grow more complex. Among the barrage of images, voices and social media campaigns, a domestic issue which often seems to be neglected in the United States is the overall deficit in addressing various aspects of mental health.

On May 30, 2018 The New York Times published an article entitled, "The Largest Health Disparity We Don't Talk About" by Dhruv Khullar, M.D., M.P.P. who is currently a physician at New York-Presbyterian Hospital. This article discusses patients with mental illnesses being looked down upon and not being able to use the resources available to them to move progressively towards recovery. They are afraid of being judged and feel as if no one cares for them. In 2015, the British Psychological Society published a report entitled, "Understanding Psychosis and Schizophrenia" which discussed the current diagnostic system that aims to approach mental health illnesses primarily by assessing the biology of mental health disorders. The system was rejected due to the lack of clinically applicable research and the approach of defining people by a devastating label that gives them a stigmatized and devalued status in society. An alternative method of studying mental illness is through assessing how the brain and its trillions of synaptic connections work. Both approaches highlight that mental illnesses are complex, individual responses that are far more pervasive than what we, health care professionals, may have imagined.

Mental health issues are often brought on by strenuous life situations such as taking care of an older family member, suffering through the loss of a loved one, juggling the responsibilities of a busy lifestyle, and dealing with substance abuse, addiction, and bullying. According to the World Health Organization, in 2002,

of the estimated 450 million people living with mental or behavioral disorders worldwide, 90 million were drug or alcohol dependent, 25 million suffered from schizophrenia and 150 million had depression. Healthcare professionals play a vital role in impacting mental health outcomes by educating patients about their psychiatric medications to improve adherence, providing resources and referrals for patients who might need them, and most importantly evaluating medications lists for drugs that may alter a patients' mental status. The next step involves raising awareness about the importance of mental health and coming up with a cohesive response that addresses the different ways in which individuals approach mental health issues that are triggered by a wide variety of causes. To engage different members of our diverse society, we need a public spotlight. In this regard, there are currently a wide variety of national campaigns such as, "Stopbullying.gov", which advocates against bullying, "Cure Stigma" by the National Alliance on Mental Illness (NAMI), which advocates for increased access to necessary resources for individuals dealing with eating disorders and promotes the need for supportive services for those who suffer from addiction and depression.

While these campaigns are making tremendous strides in terms of reshaping the way society views mental health, there is still a need to foster a more personal and engaging understanding of the effects mental illness has on individuals, their families and communities. As future health care professionals, student pharmacists can foster this understanding by playing a more active role in patient care in an inter-professional setting. They can help patients obtain access to appropriate treatments and play an integral role in supporting their choices. A 2012 survey by the College of Psychiatric and Neurologic



Pharmacists Foundation and the National Alliance on Mental Illness found that ninety-one percent of people who take mental health medications are very comfortable going to community pharmacies to fill their medications.

Mental illness is a problem that cannot be solved in one sitting. It requires careful, long-term planning and prevention. Antipsychotic medications are helpful but there is little evidence that they correct an underlying biological abnormality. When interacting with an individual who suffers from a mental illness, it is very easy to label them as "crazy" and dismiss them. It takes a lot of time, commitment, courage and patience to figure out why the person is acting the way they are and get to the bottom of their mental, psychological and social health issues. With the right attitude and determination, health care professionals will be successful in better handling the care of those who suffer from mental illness as it is a health issue that impacts the lives of individuals regardless of socioeconomic status, education level, or race. With programs rooted in solidarity and honesty, higher standards of care in mental health patients will prevail.

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SOURCES:

- 1. Khullar, Dhruv. The Largest Health Disparity We Don't Talk About. The New York Times. https://www.nytimes.com/2018/05/30/upshot/mental-illness-health-disparity-longevity.html Published: 05/30/2018. Assessed: 10/31/2018.
- 2. Division of Clinical Psychology. "Understanding Psychosis and Schizophrenia". The British Psychological Society. https://medicalxpress.com/news/2014-11-psychosis-schizophrenia.html Published: 11/28/2014. Assessed: 10/31/2018.
- 3. World Health Organization. *Investing in Mental Health*. https://www.uniteforsight.org/mental-health/module1 Published 01/01/2013. Assessed: 10/31/2018.
- 4. Moore, C. H. The Role of the Community Pharmacist in Mental Health. https://www.uspharmacist.com/article/the-role-of-the-community-pharmacist-in-mental-health Published: 11/15/2018. Assessed: 01/27/2019.
- 5. Caley, C.F.; Glen L.S. Characterizing the Relationship Between Individuals with Mental Health Conditions and Community Pharmacist. College of Psychiatric and Neurologic Pharmacists Foundation and National Alliance on Mental Illness. https://cpnpf.org/_docs/foundation/2012/nami-survey-report.pdf Published: 01/01/2012. Assessed: 10/31/2018.
- 6. Luhrmann, T. M. Opinion | Redefining Mental Illness. The New York Times. https://www.nytimes.com/2015/01/18/opinion/sunday/t-m-luhrmann-redefining-mental-illness.html Published: 01/17/2015. Assessed: 10/31/2018.

Read Something Interesting in the News?

Want to share it with your Peers?

Submit your articles to the Rho Chi Post!



United States maternal mortality crisis: A new approach

By: Yeonah Suk, PharmD Candidate c/o 2020

Of all the industrialized countries in the world, the United States (US) still ranks number one in having the highest rate of maternal mortality. Data from the World Health Organization demonstrates that overused procedures including early labor induction, restricting food and drink, as well as mandating bed rest are all categorized as overused interventions that are not always needed. Because all medical procedures come with risks as well as benefits, they should not be used for the convenience of health care providers or institutions and should only be utilized with the mother's consent. It is recommended that mothers' preferences for their birth plan are followed. Additionally, midwifery has recently been praised for yielding higher rates of normal vaginal delivery, without complications. It is important to recognize that women in childbirth are not sick; they are admitted to the hospital so that a medical team can intervene in the event that something unexpected occurs during this natural phenomenon. Otherwise, the female body is designed by nature to be able to deliver a child, and therefore, over-medication and instruction are actually harmful to both the mother and baby.

The rate of maternal mortality in the United States is on the rise. The cause of these increasing rates lies not in our lack of medical advancements but within our rush to use them when they are not necessary. Additionally, many childbirth protocols incorporate a number of procedures that address the health of the babies delivered, but not of the mothers who deliver them. Therefore, although infant mortality has decreased over the last few decades, maternal mortality continues to rise.

Less than twelve of the fifty states in the US have steady or declining rates of maternal mortality. Among the twelve is California, which passed legislation mandating a maternal mortality review board. This board constitutes members of various disciplines, both in health care and otherwise, that examine cases of maternal mortality and morbidity. It also requires a report summarizing case analyses along with proposed techniques to solve the issues in each case which resulted in the maternal mortality or morbidity. In April 2018, New York State (NYS) adopted a similar bill amending the current public health law to create a maternal mortality review board. This allows both state and local review boards to examine and integrate improvements for women's health with a focus on maternal mortality and morbidity. NYS has also implemented other legislation, such as amendments to state finance laws and allocating a twenty-million-dollar fund for public awareness campaigns on maternal depression. Other states such as Washington and Massachusetts have updated their legislation to include more comprehensive delivery care that incorporates greater measures concerning maternal health maintenance.

There is a new, widespread movement that involves prioritizing maternal health because early term healthcare and education provide benefits for both mothers and their babies. Every Mother Counts is an international organization dedicated to inclusive care that emphasizes optimal care for new mothers. It has programs that offer doula training to low-income, at-risk mothers of color and helps conduct community doula training which, in turn, have helped reduce rates of unnecessary medical intervention during childbirth. The organization has also worked on the Commonsense Childbirth & Changing Women Initiative, which provides prenatal care and

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childbirth education to low income, at risk mothers around the world.

All members of the healthcare team share in the responsibility of tackling the alarming maternal mortality rates that our nation faces. Principle causes of maternal mortality include infections, hemorrhage, toxemia of pregnancy and various other complications which share common risk factors that begin with subpar prenatal care. Even prenatal vitamins and medication counseling done by pharmacists, the last line of healthcare, play a critical role in delivery outcomes as well as minimizing risk level throughout the duration of pregnancy. Pharmacists have extensive knowledge about how different medications impact expecting mothers, even on the preconception level, and can help potential mothers ease safely into pregnancy when they are on drug regimens for other conditions. Additionally, many expecting mothers are quick to reach for over-the-counter medications to avoid strong doses of prescription drugs when health conditions arise during pregnancy, which makes pharmacists directly responsible for ensuring the safe and accurate use of these products. Pharmacists are labeled as one of the most overqualified and underutilized professionals in the healthcare industry. Integrating pharmacists' drug knowledge and patient communication skills into initiatives to tackle this issue fortifies the opportunity to amend this national problem.

SOURCES:

- Martin N, Montagne R. U.S has the worst rate of maternal deaths in the developed world. National Public Radio. http://
- www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world. Published 05/12/2017
- 2. World Health Organization. Maternal mortality. http://www.who.int/news-room/fact-sheets/detail/maternal-mortality. Published 02/18/2018
- 3. North County Health Services. Benefits of working with a midwife for your pregnancy & birth. NCHS-Health. https://www.nchs-health.org/benefits-of-

- 4. Montagne, Renee. To keep women from dying in child-birth, look to California. National Public Radio. https://www.npr.org/2018/07/29/632702896/to-keep-women-from-dying-in-childbirth-look-to-california. Published 07/29/2018.
- 5. America's Health Rankings. Health of Women and Children. http://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality/state/ALL. Published 2018.
- 6. Garcia C, Burke A. Assembly Bill 508. California State Assembly. http://legino.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB508. Published 02/23/2015. Last Updated 06/20/2016.
- 7. Gottfried R. Assembly Bill 10344. New York State Assembly. http://nyassembly.gov/leg/?de-
- fault_fld=&leg_video=&bn=A10344&term=2017&Sum mary=Y&Memo=Y&Text=Y. Published 04/13/2018.
- 8. Every Mother Counts. Our approach. http://www.everymothercounts.org/our-approach/.
- Maternal Health Task Force at the Harvard Chan School. Maternal health in the United States. https://www.mhtf.org/topics/maternal-health-in-the-united-states/.
- 9. Joyner L. Assembly Bill 01697. New York State Assembly. https://nyassembly.gov/leg/?
- fault_fld=&leg_video=&bn=A01697&term=2017&Sum mary=Y&Memo=Y&Text=Y. Published 01/12/2017. Last Updated 02/23/2017.
- 10. Maternal Health task Force at the Harvard Chan School. Maternal health in the United States. https://www.mhtf.org/topics/maternal-health-in-the-united-states/.
- 11. Carter E. The most over-trained and under utilized profession in America. The Hill. https://thehill.com/blogs/ballot-box/278414-the-most-overtrained-and-under-utilized-profession-in-america. Published 05/02/2016.

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RHO CHI POST: TEAM MEMBERS



@ Anna Diyamandoglu 5th Year, STJ; Editor-in-Chief

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.



@ Karen Lin

Graduate Copy Editor [Content-Focused]
The Rho Chi Post allows me to have an appreciation for interactive pharmacy learning as well as the art of writing. With each newsletter, my goal is to provide current information to readers who come across the Post. As an editor, I hope to make the newsletter one-of-a-kind and motivate and influence writers to explore science with their creative talents.



@ Matthew Kahn 6th Year, STJ; Graphics Editor

I've always loved graphic design, so I was thrilled at the opportunity to be a part of the Rho Chi Post team and contribute to future publications. I'm excited to explore new ways to make the Post even better, and also to be continuously exposed to new ideas in the pharmaceutical field.



@ 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.



@ Mei Fung

Graduate Copy Editor [Content-Focused] It's always interesting to see how the healthcare field evolves and all the advancements in pharmacy come to fruition. I joined the Rho Chi Post because it brings together a variety of these topics with distinguishing perspectives from our peers in pharmacy practice. I am ecstatic to join the team in continuing Rho Chi Post's endeavors in promoting the profession.

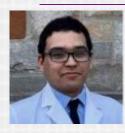


@ Davidta Brown, PharmD

Graduate Copy Editor [Content-Focused]
My two great loves are innovative science and quality writing; the Rho Chi Post is an insightful combination of both. As an editor, I look forward to bringing relevant information and fresh perspectives to the student and faculty of St. John's University, as well as to making the Rho Chi Post a newsletter that offers something new to every reader.



RHO CHI POST: TEAM MEMBERS



@ Jonathan Mercado 6th Year, STJ; Finance and Outreach Manager, Staff Writer

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 a part of that mission and to channel my passion and interests through this newsletter.



@ Gabrielle Flavoni Graduate Staff Editor

Writing has always been an enormous passion of mine, and I'm blessed to join such an amazing team that encourages me to explore it. As a new Staff Writer for the Post, my goal is to aid others in staying up-to-date about the pharmacy world, while also utilizing a creative outlet to make an impact on those around me.



© Kathleen Horan 5th Year, STJ; Staff Editor

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.



@ Yao Jiang 6th Year, STJ; Staff Editor

Writing for the Rho Chi Post allows me to bridge the gap between class and the real world. It gives me a reason to focus on topics that are relevant to me as a practicing student pharmacist and explore new medications, laws, and ventures in our evolving profession. This process of researching, teaching oneself, and finally, teaching others is what we will ultimately do as future pharmacists. I am honored for this opportunity to be further exposed to what pharmacy has to offer all while giving back to the community that has taught me so much.



@ Katharine Russo 4th Year, STJ; Staff Editor

In my first two years as a pharmacy student, I was exposed to numerous opportunities to write medical based articles for classes and clubs. This is what first sparked my interest in health care literature and I look forward to being a Staff Writer for the Rho Chi Post in hopes of being able to share my passion and enthusiasm in writing health-care related publications.



@ Karen Chen 6th Year, STJ; Staff Writer

I am honored to be writing for the Rho Chi Post. The Rho Chi Post allows me to creatively express my opinions on various topics in pharmacy as well as communicate and share new information about our ever evolving profession. This platform connects students, allows us to educate each other and helps us all stay up to date. I have always loved writing and hope that by being a part of the Rho Chi Post team, I can continue to research and write articles that are relevant and inspiring.



RHO CHI POST: TEAM MEMBERS



@ Alex Chu 6th Year, STJ; Staff Writer

With a constantly evolving healthcare field, it is imperative that we keep ourselves up to date with the latest news. This is what led me to join the Rho Chi Post, which constantly comes out with interesting and informative topics. It is an honor to write for the Rho Chi Post, and I wish to always contribute innovative articles.



@ Yeonah Suk 5th Year, STJ; Staff Writer

As a student interested in various branches of healthcare, the Rho Chi Post has provided me the opportunity to be part of an organization that discusses this field in a broad scope. As modern society continues to amalgamate and globalize multiple disciplines, it is important that we harmonize these elements and keep ourselves updated on their interactions. I joined the Rho Chi Post to both learn and contribute to a team that has immense diversity and my goal is to continue exploring innovative ideas through writing.



@ Michael Lim
5th Year, STJ: 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.



@ Shivani Shah

4th Year, STJ; Staff Writer

As students in an 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!



@ Joseph Eskandrous 6th Year, STJ; 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.



@ Thanesha Graham 6th Year, STJ; Staff Writer

As a writer for the Rho Chi Post, I have the unique opportunity to convey my knowledge, discoveries and interests to the general public. I will be able to enlighten individuals about issues that will not only impact them, but also their families, and communities. I look forward to supplying this newsletter with valuable and relevant information about the evolving field of pharmacy.



@ Shireen Farzadeh 6th Year, STJ; Staff Writer

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!



@ Mah Noor 4th Year, STJ; Staff Writer

Rho Chi Post is an amazing studentoperated 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.



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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

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