

Challenged

to serve abroad

by Melody Hartzler, PharmD



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Have you ever had a rush of thoughts and emotions after signing up for a mission trip? Your first thought might have been, “what am I getting myself in to?” or “I do not know anything about medical missions, how do I prepare?” Usually, after a few months of prayer and preparation God’s provision is seen in the planning.

Through the book “Radical,” by David Platt, I was challenged to give 2 percent of my time this past year to taking the gospel to another context in the world. Platt says, “Consider what happens when all of us begin to look at our professions and areas of expertise not merely as means to an income or to career paths in our own context, but as platforms for proclaiming the gospel in contexts around the world.”¹

My first medical mission trip was to the St. Elizabeth province of Jamaica. As I started preparations for the trip I was anxious, having only been a pharmacist for less than 2 years. The question that kept recurring to me was how could I be prepared for the trip and all that I would encounter? My reassurance was in the truth God is in control. God led me to be a pharmacist, He gave me this opportunity, and He was going to be glorified through

my obedience on this trip. The Apostle Paul writes about God’s provision in similar circumstances, “*And God is able to bless you abundantly, so that in all things at all times, having all that you need, you will abound in every good work.*” (2 Corinthians 9:8, NIV)

The international medical ministry organization I chose to join had been going to Jamaica for several years. I registered late, only a few months before the February trip, which did not give me much preparation time. The brief time to prepare taught me some key lessons.

Our medical team was composed of over 50 people, allowing us to split into 2 teams of approximately 25 each. The entire team was blessed with 3 pharmacists. Despite a well qualified group, we had miscommunication regarding the drugs to order. As a result, we had too many anti-parasitic medications and inadequate medications for hypertension and diabetes which are major health problems in Jamaica. One of my first lessons is the need for teamwork and accurate communications, even during the planning and preparation process. It is best that a single member of the team be responsible for ordering medications for the trip.

Another way to avoid the error we made is to find out if the organization or team you are joining has a formulary or recommended medication list for the country or area where you are going. If there isn't an established formulary, consider contacting pharmacists or physicians who have traveled to the same area to get their insight on what medications are most needed. Some of the medication needs will be dictated by the physician specialties represented on your team. For example, our team had an urologist and an ear-nose-throat physician, causing us to use more urology and allergy medications than previous teams. Advanced and careful planning of the formulary allows the team to pre-print prescription labels. This is especially helpful if you are traveling to a non-English speaking country. In addition to the pre-printed labels, always bring extra labels and plastic baggies to dispense medications. Permanent markers are also useful, so you can write directly on the bag.

Two key words to remember on any trip are flexibility and creativity. For example, if you need a spacer device, a cup or toilet paper roll can always work well. These concepts apply not only to simple things like a spacer, but also to larger issues. Shortly after we had arrived in Jamaica, we found out the drugs we did order actually were in a location about 2 hours from us and would not arrive until the next day. This was one day too late for the start of our clinics and many team members were frustrated. Our pharmacy team took an inventory and devised a list of medications we needed to purchase from local sources. The next day after we ran one clinic instead of two, using our short supply, one of the physicians reminded us, "I realized if we have to go out tomorrow without any medications, God sent us here to minister

to these people. If we have to, we will lay our hands on them and pray, the power of God is in us, and He can work through us just as well without the medications." This helped our team to refocus. Medications were great, but our mission here was much greater than health. Our purpose was sharing the Gospel. Even when we did have medications, they were only a vehicle for us to have an opportunity to share the gospel. Don't get frustrated thinking, "what good is this 30-day supply of metformin going to do." Know that the 30-day supply of metformin has the potential to bring a person into a personal relationship with our Savior.

Remember to take a drug information reference. I took an electronic drug reference on my iPod Touch®. A power source to charge the device was not a problem in Jamaica, but check on local voltage and electrical outlet standards for the country ahead of time. The prescribing providers will rely on you for all sorts of drug information, making the drug information references extremely useful.

Be sure to inform your team of any specialty knowledge or skills you have. For example, if you are certified in diabetes education or immunizations your skills will be very helpful to the team. In addition to pharmacy related items, make sure the medical team has a coordinator for other medical supplies, such as gauze, sterile strips, and diabetic testing supplies. All of these items will be good assets for the team.

During clinics we were able to use a charting system already used by the local health clinics. Depending on your circumstances, you may need to create a flow-sheet to pass along with the patient from triage, to the provider, to the pharmacist, and other team members.

Our team had a nurse who headed a group that provided health

education just prior to patients and caregivers leaving the clinic. Initially, I was somewhat reluctant to give up medication counseling to their team. I worked with them to educate the patients and helped counsel when prescriptions had difficult directions. The counseling aspect of the clinic is a great way to involve pharmacy students who may be part of the trip. Advance planning of the formulary allows you to prepare information sheets that can be distributed to patients and their caregivers.

Professional liability insurance and medical evacuation insurance are other areas to consider for medical mission team members. The ministry organization you are traveling with may include these items in your project fee. If not, you should obtain this coverage. Costs are inexpensive and will save occurring large expenses, if an emergency occurs.

Needle stick protocols are very important for many parts of the world. Our team did not have one in place, and although we did not encounter a needle stick, one of our dental hygienists did experience a cut with a contaminated instrument. We had to improvise a treatment plan. It would have been much less stressful had we had a protocol in place. If you are in a remote part of the world, especially where HIV-AIDS prevalence is high, you may want to consider reviewing post-exposure prophylaxis guidelines from U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and take the appropriate anti-retroviral therapy with you.²

Cultural preparation is also essential. Some common questions to consider are, "What do they believe about health care," or "What diagnoses do they not share with their spouse?" In some cultures, it may be considered unclean or a patient's spouse may harm the patient if the

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patient comes home with a treatment for a sexually transmitted disease. It is also important for team members to abide by local customs regarding dress, interactions between men and women, language, food, and hygiene.

Lastly, but most importantly, dig into Scripture as you prepare. Christ has told us to “*go and make disciples of all nations.*” (Matthew 28:19, NIV) We are to have compassion on people. The Apostle Peter writes, “*be sympathetic, love as brothers, be compassionate and humble.*” (1 Peter 3:8, NIV) Not only will the people you serve be changed by interactions with the team, but you will be changed as you see God work. It is vital for all team members to connect at the end of each day in prayer, devotions, and sharing of experiences. These times allowed me to see that God was working, even if I did not experience much of this in my role dispensing medications. It is also important to take opportunities in patient interactions to pray, encourage, and ask patients about their relationships with Christ.

In “Radical”, Platt also says, “It’s a foundational truth: God creates, blesses, and saves each of us for a radically global purpose.”¹ “In what radically global purpose can God use you this year?”

References

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2. Centers for Disease Control [homepage on the internet]. Atlanta (GA): Department of Health and Human Services; c2011 [Updated 2001 Jan 29; cited 2011 April 15]. U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis; [about 1 screen]. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>.

Educating the Next Generation of Christian Pharmacists

by Jeffrey Copeland, PharmD, ThM



The Olympics are fascinating to watch. I am captivated by the athletes’ dedication, determination, and precision. Although the individual events are interesting, I find the team events more enjoyable. Each member must work together as one unit to earn the gold medal. One example of a critical teamwork moment is the baton pass in track and field relays. If the baton is dropped during the pass, the team is disqualified. Even if individual team members are the fastest runners, a dropped baton eliminates the team.

Similarly, we are engaged in the “baton pass” of developing the next generation of Christian pharmacists. This critical moment occurs when we participate in the great opportunity of equipping current pharmacy students for decades of professional service and practice as Christian pharmacists.

The primary components of the pharmacy curriculum for students are didactic and experiential. Didactic education involves learning in the classroom and laboratory, while experiential education focuses on knowledge, skills, and attitudes gained in pharmacy practice. Precepting pharmacy students during introductory pharmacy practice experiences (IPPE) and advanced pharmacy practice experiences (APPE) offers an excellent opportunity to enable students in observing how a Christian pharmacist practices and engages in the profession. According to the Accreditation Council for Pharmacy Education (ACPE), pharmacy practice experiences should “require active participation and patient care responsibilities, in a progressive fashion, designed to develop the practice skills, judgment, professional behavior, attitudes and values, confidence, and personal responsibility needed for each student to embark on an independent and collaborative practice.”¹ Additionally, one of the desired characteristics of preceptors identified by ACPE is to “practice ethically and with compassion for patients.”¹ Christian pharmacists can uniquely address and demonstrate these objectives to pharmacy students.

The Example of Moses

Prior to Israel entering the Promised Land, Moses passed leadership to Joshua. Numbers 27:12-23 describes the moment of the baton hand-off. “*Then the LORD said to Moses, “Go up this mountain of the Abarim range, and see the land I have given to the Israelites. When you have seen it, you will be gathered to your ancestors, as Aaron your brother was gathered to his ancestors. For in the wilderness of Zin when the community rebelled against me, you rebelled against my command to show me as holy before their eyes over the water – the water of Meribah in Kadesh in the wilderness of Zin.” Then Moses spoke to the LORD: “Let the LORD, the God of the spirits of all humankind, appoint a man over the community, who will go out before them, and who will come in before them, and who will lead them out, and who will bring them in, so that the community*