

Hearts for the Broken: Cedarville University School of Pharmacy

by Emily Laswell, Andrew Straw and Brenda Pahl



Emily Laswell



Andrew Straw



Brenda Pahl

As a pharmacist practicing in academia, I feel it is my calling to raise up the next generation of pharmacists. I enjoy watching the development of students mentally, emotionally, professionally, and spiritually as they progress through our program. One of the greatest rewards is to witness your impact on a student translate into a positive experience in patient care. In May 2015, I was blessed in just this way.

As a pharmacist practicing in neurocritical care, I often interact with patients and their families at some of their most difficult times. One morning, I escorted my Advanced Pharmacy Practice Experience (APPE) student to rounds, ready for another day of service but not expecting much out of the ordinary. One of our patients unfortunately progressed into respiratory failure during rounds and required intubation. The physician asked the patient's husband to step out of the room and to wait at the end of the hall until we were finished, assuring him that it wouldn't take long. My APPE student watched as the husband walked to the end of the hall, alone and obviously concerned. I believe it was the moving of the Holy Spirit that called my APPE student to act. She politely asked me if she could go sit with him instead of watching the procedure. I agreed and was humbled by her thoughtful request. Halfway through the intubation, the patient's blood pressure bottomed out and we lost her pulse. As I made a bag of epinephrine at the request of my attending physician, I peeked down the hall to see my pharmacy student, sitting with the patient's husband, praying with and comforting him. The patient's husband approached me later in the day to thank me for my service but mostly to share how grateful he was that my student had taken the time to sit with him during an overwhelming and terribly frightening experience.

It was an honor to serve my patient during a code, doing what I was always taught to do; even more so, it was an honor to watch my young student take the reins in a delicate situation. The student could have stayed in the room and observed the procedure to benefit her knowledge and career, but instead she chose what was most important at that moment: to be a servant-leader and assist the family. I often hear discussions of how the upcoming generation isn't up to par; but in moments such as these, I am reminded of how important it is that we continue to pour into those who are younger than us, so that in difficult situations they will be ready to selflessly serve and love others. *By Emily Laswell*

As a fairly recent graduate and faculty member, I don't have many things to fill up my office at work. However, when faculty and students stop by, there is one item that usually draws comments: a rough, wood burned cane that stands in the corner. Although I have no use for a cane, it is one of my favorite items in my office and is a constant reminder of the impact that a pharmacist can have on a patient.

I first met Colleen as part of my anticoagulation service at one of my practice sites. Although suffering multiple disease states, she was always cheerful and loved to talk. There were several drug-related issues that I was able to help

resolve, and she greatly appreciated the time I spent with her. At one visit, I admired her cane, at which point she insisted that she would get one just like it for me. I figured she was joking, and before long her offer slipped my mind.

Several months later I was rounding in the hospital when I realized Colleen had been admitted. I went to visit her to ensure that her needs were being met and to offer some support. Although drowsy and partially sedated, Colleen not only recognized me but presented me the cane that she had promised a few weeks earlier! I was very surprised and humbled that she would be thinking of others in such a difficult situation. In the time following her recovery, I requested a recorded interview to showcase the difficulties of living with COPD to my students. She obliged and provided some wonderful insight and reflection into her quality of life, personal experiences, and end-of-life decisions. I learned that she had been struggling with the decision of a DCNR and had never been offered a discussion with a healthcare provider. This topic opened the door to a personal discussion of her spiritual health and how it relates to her end-of-life care.

My encounters with Colleen have revealed how important a pharmacist-patient relationship can be. The trust a pharmacist can build is often the key to empowering patient change and could open the door to discussing spiritual issues. Don't be discouraged by thinking that your small, daily acts of kindness don't make a difference. As in this case, what I believed were a few insignificant interactions could have an eternal impact! What a blessing we have to serve those around us on so many levels. Each time I see that cane in my office, I will always think of Colleen and the reason why I work so hard to treat each patient with love and respect. *by Andrew Straw*

Over the past 25 years, I have had the honor of serving patients in various areas of pharmacy practice. There are many times when patients just want someone to listen to them. This is something I stress with my students: to be prepared to listen. During my time in an anticoagulation clinic, I was blessed by hearing stories from couples who had been married for many years. It was in times like this when I felt that the patients were ministering to me – for example, I remember one of the first couples I cared for when our clinic first opened. I could see the love and devotion they had for each other. After a few years of caring for them, the wife passed away. I felt the need to attend the calling hours at the funeral home. While I was there to pay my respects, I met some of their children who expressed appreciation for the care our clinic had provided for their parents.

My current position as an emergency room pharmacist has allowed me to see patients at times when they are the most frightened about what the future holds. The Lord has given me opportunities to comfort and pray with them during these times. One day a male patient arrived at the ED with hypotension. After reviewing the current medication list, it was discovered that one of his blood pressure medications should have been discontinued. The patient's wife routinely prepared the medications, placing them in a weekly pill box for her husband to take. When she realized that she had not removed the discontinued medication, she immediately began to blame herself for her husband's condition. When the patient was out of the room for a test, I went to see her. I could see that she was distraught over the situation. I asked her if I could pray for her and her husband, and she was agreeable. As I hugged her, I prayed for both of them. When I saw them a little later as they were heading to his room for overnight observation, she stopped to say thank you.

In the emergency room, I also respond to "code" situations such as cardiac or respiratory distress. Not being able to breathe is very scary for patients, as well as being intubated so a machine can breathe for you. I remember when an elderly patient in respiratory distress was so afraid that he would not let go of the nurse's hand, but she needed both hands to be able to help with the intubation process. I came to the patient's bedside and asked if I could hold his hand. He agreed and I stayed by his side, holding his hand and comforting him until the intubation procedure was complete.

While I never planned to become an emergency room pharmacist, I believe the Lord has placed me in this area of pharmacy practice to be a comfort to patients and their families in moments of fear and uncertainty. While the time they spend in the ED is often brief, my desire is to show them Christ's love even through the little things I do. *by Brenda Pahl*

Dr. Emily Laswell completed her Doctor of Pharmacy degree at Ohio Northern University in May 2012. Following her graduation, Dr. Laswell completed a post graduate pharmacy practice residency at Grandview Medical Center in Dayton, Ohio. During her residency, Dr. Laswell developed and researched a discharge medication counseling program for chronic obstructive pulmonary disease patients. She was awarded a grant from The American Society of Health-System Pharmacists Foundation for this project. During her residency, she also obtained a teaching certificate from the Raabe College of Pharmacy at Ohio Northern University. Dr. Laswell is currently an Assistant Professor of Pharmacy Practice at Cedarville University and has practice sites at the Miami Valley Hospital in Dayton, Ohio and at Riverside Methodist Hospital in Columbus, Ohio where she focuses on the care of patients with neurologic diseases.

Dr. Andrew Straw completed his Doctor of Pharmacy degree at Ohio Northern University in 2014 and then completed a PGY-1 community pharmacy residency at South Dakota State University. He is currently Assistant Professor of Pharmacy Practice at Cedarville University in Cedarville, OH. His practice sites include Springfield Regional Medical Center and Rocking Horse Community Health Clinic where he is working towards a transitional care service model. In the classroom, he coordinates the Self-Care course and Respiratory Module, which are delivered via team-based learning style instruction. He is passionate about leveraging various types of technology into both the pharmacy practice and academic settings.

Dr. Brenda Pahl completed her Bachelor of Science in Pharmacy degree at Ohio Northern University in May 1991 and a Doctor of Pharmacy degree from The Ohio State University in August 2007. Dr. Pahl has practiced in several areas of pharmacy including ambulatory care, long term care, hospital/acute care, retail, and pharmacy management. Her areas of interest include anticoagulation, medication reconciliation and medication/patient safety. Dr. Pahl is currently an Assistant Professor of Pharmacy Practice at Cedarville University with a clinical practice site at Grandview Medical Center in Dayton, Ohio in the emergency department.

Going Unto All the World: Reflections on a Medical Mission Trip to Ghana

by Rachel Kozinski

An Opportunity



Our years spent in pharmacy school could certainly be considered a season of learning, and because I became a Christian eight months before I began my studies, it

has also been a season of learning more about my Savior, Jesus. He has been with me through late night cramming sessions, stressful exams, and anxieties over grades... and through it all, He has revealed more of Himself to me and given me a heart more like His. Surely, He has been with me. He has led me into many new opportunities I never would have dreamed possible, and the greatest of these was a medical mission trip during the summer of 2016. There along the Volta River in Southern Ghana, Jesus allowed me and the team to serve over a thousand patients and showed me how pharmacy can be used to follow Him – to “heal the sick, raise the dead, cleanse those who have leprosy, and drive out demons” (Matthew 10:8, NIV) and to love others like Christ has first loved us (John 13:24). I look back on this adventure with Jesus fondly as a time when I learned how to overcome health barriers, how the practice of pharmacy is a practice of servanthood, and what it looks like to be the hands and feet of our God.

This medical mission trip was organized through Global Health Outreach, a ministry of the Christian Medical and Dental Association and a partner of Christian Pharmacist Fellowship International. Our team collaborated with Ghana Christian Mission (GCM), a local Ghanaian ministry which has planted 180 churches, 9 medical clinics, and 3 schools, all of which offer free services to Ghanaians living in poverty. Together, the mission work would create the platform GCM needed to establish clinics in the villages of Avegagorme and Adonokorpe. There, along the Atlantic Ocean – surrounded by lush rainforest and open, grassy prairies – the Ewe people fish, farm the land, and raise livestock near the river. Most families live in small, single-room houses made with clay walls and thatched roofs of straw and palm leaves. They are united by many characteristics unique to their culture including the Ewe language and their faith in their ancestors and in their god Mawu.