We would also like to acknowledge the support and contribution of Dr. and Mrs. Philip Pumerantz; Debra Nelson, Graphic Designer, WesternU Publications Department; university photographers Jess Lopatynski and Jeff Malet; Jeff Keating, Executive Director of Public Affairs; and all creative individuals who submitted photography and artwork. Without them, this issue would not have been possible.

Cover photo: “Over the River” by Tanya Helm, DO ’14
Editors’ Greeting | Audrey Ekhuaghe, MSMS ’11, Chirag Gandhi, DO ’13, Ilham Hassan, PharmD ’14, Kristin Lee, DPT ’13, Andrew Lin, DO ’14, and Huyenlan Nguyen, DO ’13

Advisor’s Greeting | James D. Scott, PharmD, MEd, FCCP

President’s Message | Philip Pumerantz, PhD, President, Western University of Health Sciences

Photo Gallery | Colleen Galindo, Faculty Credentialing Assessment Assistant, Office of Medical Education, COMP

A Summer of New Experiences, Realizations and Appreciations | Travis Inglis, DO ’13

Giving Kids a Smile | Chad Gage, DMD ’13

Humanism in a High-Tech World | Janice Blumer, DO, Assistant Professor NMM/OMM, COMP-Northwest

Expanding Horizons: California Society of Health-System Pharmacists | Michael Trillanes, PharmD ’13

Photo Gallery | Ashley Calvi, DO ’14

International Medicine in Honduras | Huyenlan Nguyen, Michelle Lim, Chester Tung, Michael Chuang, Kavitha Swaminathan, Greg Gilmore, Torey Kikukawa, Melissa Miranda, Chirag Gandhi, all DO ’13

Extending a Dental Hand | Esther Rhee, DMD ’13, and Krystle Padre Rapisura, DMD ’13

Puddles | Thomas Gray, DO ’12

International Medicine in Argentina | Kyle Menze, DO ’11

Poetry | “Green Lightning” By Chirag Gandhi, DO ’13 with photos by Dalia Nassman.

Creating Healthcare in the Clouds: Amrit Davaa World Health | Rebecca Giusti, DO, Assistant Professor Osteopathic Manipulative Medicine, COMP

Choosing a Medical School | Eric Brueckner, DO ’13

Volunteering in Guatemala | Brenna Harris, DO ’14

Photo Gallery | Tanya Helm, DO ’13

Photo | Jennifer Stonequist, DVM ’11

International Medicine in Haiti | Jonathan Barrus, DO ’13

Photo Gallery | Amelia Servin, MSMS ’11

Expanding the Pharmacist’s Role in HIV/AIDS Awareness, Screening, Education, and Medication Management | Eva Chung-Levbarg, PharmD ’14

Bridging the Gap to a Career in Pharmacy through Student Leadership | Castor Phan, PharmD ’13

Becoming the Best Health Care Practitioner | Talia Rivka Tabaroki, PharmD ’14

Photo Gallery | Djamila “Mia” Milton, DPM ’13

Fine Art Gallery | Ed Valdez, Facilities Staff

Empowering WesternU Students Toward Academic and Personal Excellence | Dagmar Cofer, MS, MAMS, Associate Director, LEAD

Expanding Horizons | Roslyn Davis, Library Clerk for the Harriet K. and Philip Pumerantz Library, Western University of Health Sciences

Poem and Photos | ”For Rylee” by Crystal Rivera, Media Web Specialist, COMP

Photo Gallery | Gina Johnson, DVM ’12

Poetry | “Animal” by Gina Johnson, DVM ’12

PurpleRay | Michelle Baitx, Executive Assistant, College of Podiatric Medicine

What A Long Strange Trip It’s Been | Bradley Ahrens, DVM ’12

Poetry | “Helpless,” “Time” and “Balance” by Frances Dinniway, MSN, RN, CNS, FNP

Poetry | “Taken by Grace” by Hang Chau, DO ’14 and “That Indescribable Second” by Chris Bernardi, DO ’13

Poetry | “Expanding Horizons for the Student” by Carise E. Charles, DNP ’10, “Growth” by Munira Rahman, DO ’13 and “Sensible Horizon” by Mayur Yadav, PharmD ’13

Poetry | “The High Desert” by Gina Johnson, DVM ’12 and “Checklist” by Djamila “Mia” Milton, DPM ’13

Fine Art “Moon Dancer of Hawaii” | Nolan Crusat, DO ’13
EDITORS’ GREETING

We would like to welcome you to this year’s Humanism Magazine, “Expanding Horizons.” Like a sweeping panorama that lies around the trail bend, beyond sight and knowledge, the theme of "Expanding Horizons" suggests the notion of exploration, of venturing into the unknown. Through the stories, the poetry, and the art, we invite you to experience the many facets of our WesternU community, what we’ve done in the past, and how we hope to grow in the future. As an editorial team, we too have reflected and grown through the making of this year’s magazine.

Q & A with the Editors

Q: How was “Expanding Horizons” selected as this year’s theme?
A: Huyenlan Nguyen, DO ’13, Editor-in-Chief: Our goal is to choose a theme that represents what the school is going through in that year. We thought “Expanding Horizons” would be appropriate because WesternU has been and still is expanding. As a second-year DO student and a second-year editor, I experienced the revamped curriculum, the opening of multiple professional schools, and soon the opening of COMP-Northwest. “Expanding Horizons” could be a theme for Humanism magazine for years to come!

This running theme at WesternU is not experienced only by those at the school. The outside community also senses it. I remember the words my father said after he went to my white coat ceremony in 2009. He told me, “I’ve noticed that this school is always changing, it’s innovative. It is not stagnant and will always grow. That’s the kind of school you want.” In many ways, WesternU encourages its students, faculty, and staff to embrace the changes that occur. Life shouldn’t be a protocol. It should embrace new emotions and new experiences so that we can expand the way we think and the way we live our lives.

Q: As an editor, how do you interpret the theme?
A: Audrey Ekhaguere, MSMS ’11, Editor: I have many interpretations of the theme. Some include changing up an everyday routine or simply traveling to a different location. Expanding horizons sometimes involves taking risks, whether by trying something completely new or going against the norm to do something extremely different. It can mean that an institution is enhancing its standards and creating new goals. It can be more of a mental experience, like expanding your knowledge base or being open-minded about certain things in order to understand, or even accept, other
people’s views. The list is endless! I read every poem and article with an open mind and sometimes even placed myself in the author’s shoes. This allowed me to understand how every writer expanded his or her horizons, and at times, other people’s horizons. Hopefully, you will genuinely appreciate every essay, poem, photograph, and artwork — and maybe in turn, expand your own horizons.

Q: How does the theme of “Expanding Horizons” relate to your future career in health care?

A: Kristin Lee, DPT ’13, Editor: As a first-year DPT student, I’ve only scratched the surface of the world of physical therapy, but I’ve begun to experience how much of an impact we can have in the lives of our patients. I have come to understand that physical therapy is about empowering patients to overcome obstacles and not be disabled by their condition, but rather to become enabled. My job as a future PT will be to inspire patients to realize their potential despite their setbacks, and in that way expand their horizons. Our Humanism Magazine theme this year captures the very basic and essential role of physical therapists in the lives of patients. I’m on my way to learning how to guide them toward expanding their capabilities and, ultimately, their horizons.

Q: In the past year, what experience did you have that reflects this sense of exploration and expanded your perspectives - whether physically, mentally, or spiritually?

A: Chirag Gandhi, DO ’13, Editor: Rainer Rilke famously quoted that “the only journey is the journey within.” However, I’ve found that a journey abroad is a necessary ingredient in the recipe of self-exploration. This past summer I had the opportunity to travel to Honduras with a few of my classmates on a medical missions trip. The stillness I was able to access through my interactions with a landscape and a culture constructed through patience has led to a profound change in my outlook. I would encourage the reader to vicariously discover that which the many authors, poets and artists have discovered by expanding their horizons both within and without.

Q: How have you helped another individual expand his or her horizons?

A: Ilham Hassan, PharmD ’14, Editor: To live a full life, one needs to expand his or her horizons, open his or her eyes to the world, and gain a fresh new perspective. This life-changing experience is best shared with family, friends and peers. My eye-opening moment came during my days as an undergraduate at USC. I sat attentively listening to my microbiology professor discuss the ravages of malaria. I was shocked to learn that it claims the lives of millions of people worldwide. A few months later, I created and organized a malaria awareness and bed net fundraiser event — a fashion show that incorporated nets in the wardrobe to highlight the importance of nets in the fight against malaria. One student who attended the event was moved to the point that she made malaria awareness her personal campaign. She went to Georgetown University for graduate school and organized many malaria awareness events there. She is currently studying medicine at Temple University, and she still carries a beacon of light to end the global malaria rampage.

Q: In the future, how do you plan to expand your horizons?

A: Andrew Lin, DO ’14, Editor: Like many of my classmates, I often wonder, "What do I want to be/do in the future?" After all, we have the privilege of having the whole world in front of us, as members of a thoroughly modernized, multitasked and global society, and beneficiaries of its countless freedoms and opportunities. Yet the allure of envisioning what we desire from the future is juxtaposed with its unpredictability; we never really know what the future holds and are always wondering which is the best path to take out of a veritable menagerie of diverse choices. At its extreme, obsessing with the future can propel our minds into an endless cycle of “what-ifs”, leaving us wanting and preoccupied with the future at the expense of our enjoyment and perception of the present. I confess that I myself had a distracting predilection for trying to predict the future, but since starting my first year at WesternU, I’ve had the opportunity to practice weekly mindfulness meditations with Dagmar through the Grow Your Brain (GYB) program, cultivating a presence of mind that is attuned to the present. To say that my future goal is to continue to practice drawing my mind back from overstaying its welcome in the future is perhaps as much a non-answer as an answer to the question. Yet it is also paradoxically true that to widen our perspective on life, sometimes it necessitates that we come back to where we started and to appreciate what we have, in this moment, now.
In February, 2000, I interviewed at WesternU for an Assistant Professor faculty position, with a specialty in HIV. As I was preparing, I received an article about humanism from a support staff member, and I was told to read it, as humanism was very important to the university president and I would be meeting with him at my interview. I read the article and thought “Don’t all health care providers embrace humanism? Isn’t that the main reason we became health care providers?” In my 11 years at WesternU, I found that this wasn’t always the case. And during those 11 years, I found myself more and more at home at WesternU BECAUSE of that commitment to humanism.

In summer 2007, I received my tenure and promotion to Associate Professor at WesternU. But the bigger event that summer was spending two and a half months in Tanzania. I worked with a volunteer organization that was trying to identify the needs of the health care systems of the countries they worked with. They wanted to send an experienced pharmacist to Sub-Saharan Africa to see what the needs were for pharmacists, and how to improve the health care system from a pharmacist’s point of view.

You will read stories in this magazine about the difficulties authors had while traveling in other countries: the dirt latrines, the long lines of patients, the pothole-filled roads. I had some of that, but I was lucky. I was based in a relatively large town (it had a traffic light). I was put up in a house that had four bedrooms, three bathrooms, electricity, filtered water, satellite TV and wireless Internet. The stipend I was provided by the volunteer organization ($500 a month) made me one of the richest people in town. Since I did not speak Kiswahili (except for the few words in the back of “The Lonely Planet”), I really could not take part in a great deal of direct patient care. My roles were to work with the U.S. doctor stationed there to improve care, work with the lead pharmacist for the facility (who was also the lead consultant pharmacist for the region) to see what improvements were needed, and learn how the volunteer organization could facilitate growth and development.

I regularly attended ward rounds with the U.S. doc, a crotchety little guy who was ex-military and liked people to believe he was meaner than he actually was. It was on these ward rounds that I started to see how different the two countries were with regard to humanism.

We were taking care of a 21-year-old man. He was deaf and mute, but could read lips, and seemed in good health. They were not sure why he was there, other than fatigue (which in Tanzania usually means malaria). The possible diagnoses

James D. Scott, PharmD, MEd, FCCP
Associate Dean for Experiential and Professional Affairs, Associate Professor of Pharmacy Practice and Administration College of Pharmacy
What is humanistic health care? Isn’t letting someone die peacefully and with dignity caring for them as a person? Humanism is a cultural phenomenon, and varies by culture. If we visit other countries, do we “do as the Romans do,” or do we do what we would do if we were home? How would you answer?

HIV is common in Tanzania. Eleven percent of Tanzanians at the time had HIV. Death from HIV was common. The World Health Organization had recently failed its “3x5 Initiative” (to have 3 million people on HIV treatment by 2005). It failed not due to a lack of medications, but because of a lack of health care infrastructure (the WHO has since met and far surpassed those goals). The point is, the whole approach to health care is different in resource-limited settings than in countries like the U.S. People die more often from conditions that are no longer seen in the U.S. because of the health care infrastructure (water-borne illnesses, malaria, childbirth, skin infections). They are less likely to live long enough to die from diabetes, cancer and heart disease (these do happen, but they are often not treated until they are close to death).

While I was there, and trying to process all of the things I saw daily, I often thought of what a director of pharmacy told me when I was a resident: “The least expensive form of health care is to let them die.” Was this level of care all about resources, or was it about not interfering with someone’s natural course?
I find it fitting that “Expanding Horizons” is the theme of this year’s issue of Humanism in the Health Sciences, since it describes a large part of the business we’re in here at WesternU.

As an academic health center with a humanistic philosophy, it’s our mission to prepare new generations of healers to treat their fellows with compassion and scientific excellence. But that only describes part of what we do. The mission also includes immersing our students and faculty in a community that presents real-life opportunities for care, showing everyone who studies and works at our institution that understanding the nuances and complexities of health care takes more than classrooms and labs – we’ve got to get our hands dirty and our boots wet, too. And it includes never settling for what’s been accomplished, but always seeking out what needs to be done next – always wondering what lies on the other side of the mountain.

At WesternU, “expanding horizons” means doing our utmost to understand and appreciate every part of a world in need of care. As you’ll see in the words and photographs in this magazine, your classmates, friends and colleagues have embarked on horizon-expanding missions that help all of us see a larger world. I know you’ll appreciate their efforts as much as I do.

Philip Pumerantz, PhD
President
Changes around campus 2010-2011

Western University of Health Sciences’ pole sign now reads “WesternU,” after being renovated and placed back on top of its 95-foot tall resting place on Friday Aug. 20, 2010.

WesternU held a dedication ceremony on Nov. 18, 2010 for a custom-designed clock placed on the campus Esplanade in between the Banfield Veterinary Clinical Center and the Health Professions Center. The clock is a gift from Dr. and Mrs. Peter Chen. The 16-foot, 7-inch, four-faced clock, built by Cincinnati-based Verdin Company, has a vintage look with modern functions, including a GPS to assure accurate time.

A bronze statue honoring Dr. Philip Pumerantz, the University’s founding president, was unveiled on Saturday, Dec. 11, 2010. The bronze statue, commissioned by WesternU’s Board of Trustees and created by artist Raymond Persinger, shows the president with his arms open, welcoming all to campus. The statue’s plaque reads: “I am here for you, you can be sure — In 1977, Dr. Pumerantz envisioned a university, which began as the College of Osteopathic Medicine of the Pacific, restoring the dream of many supporters. Never wavering from his vision, he forged a path to greatness for the health sciences and led the University to renowned prominence in scientific excellence and humanistic philosophy. His tenacity created a perpetual legacy for all who study, teach, and work within the University.”
Colleen Galindo
Faculty Credentialing Assessment Assistant, Office of Medical Education, COMP
When I first signed up to accompany Dr. Mull and 10 other medical students from USC, Boston University and WesternU to Africa for the summer, I really had no idea what I was getting into. Well, I had an idea, but the reality of what I experienced and the experience that I played out in my mind before leaving differed greatly.

Before I left, all I really knew about Africa was what I had learned in my geography classes and from watching the Discovery Channel. It is a sad truth, but a truth that I think pertains to a lot of people. When I stumbled out of the van we had been riding in for close to eight hours, a solid six of which had been spent traversing some of the roughest dirt roads I have ever seen, I had no idea how great of an impact Shirati, Tanzania would make on me and my perception of international health.

Shirati is a small town on the shores of Lake Victoria. Its lone hospital serves the needs of individuals who travel for days on foot to reach it. The town also has a small clinic that was started by Dr. Esther Kawira and her foundation, Shirati Health, Education and Development (SHED). Dr. Kawira started the clinic in January 2007, and has been extensively improving the health of local individuals ever since, specifically children affected by Burkitt’s lymphoma. Running water in Shirati is a
valued commodity, and doesn’t work most of the time. The select few privileged to have electricity (including the hospital) go two to three days at a time without it, and public sanitation consists of pit latrines in select homes and businesses. Obtaining supplies requires a truck to drive more than six hours on narrow dirt roads lined with individuals walking between villages, and marked with treacherous divots and water erosion.

Yet the individuals who live in Shirati and its surrounding villages were some of the most endearing individuals I have ever met. My time spent with patients and following doctors at the Shirati Hospital and the clinic affected me in ways that I have a hard time explaining to others and, at times, even to myself.

I quickly developed a great deal of admiration and respect for the physicians at the hospital, and soon understood why one has to take all he or she knows or has experienced in an American hospital and throw it out the window.

When I walked up to the Shirati hospital for the first time, I was greeted by a line of individuals who had walked for miles – some for days – to get there. There were mothers
with 3-month-old babies on their backs suffering from severe malnutrition, children with life-threatening anemia due to malaria, adults with malaria that had spread into their central nervous system — putting them in a mental state that mimicked an alcoholic rage — and a myriad of other illnesses.

At the time, though, I had no idea what these individuals were suffering from, or how I would go about diagnosing them. In the United States, we are blessed with labs, CTs, MRIs, the Internet, and numerous other technological advancements that allow us to provide optimal care to our patients. None of them existed in Shirati, where doctors have to rely solely on their experience, medical intuition, physical diagnosis skills, and at times, gut instinct. The physicians have developed their diagnosis skills into an art form, one that requires keen communication skills, extreme patience, and persistence.

The best way I can illustrate this is to explain my first hour in the Shirati hospital.

I walked into the hospital and was directed to the pediatric ward, where I was told that a young boy had been brought in with an unknown infection that had overtaken the right side of his face. When I walked in, the attending physicians were all standing around him, examining his malformed face. The infection had caused his entire right side to swell to such a degree that his eye was forced closed. His cheek and lips were so badly swollen that he was drooling out of the corner of his mouth, and in the middle of his cheek was a deep black ulcer. The doctors had figured out that the boy had been left alone for more than three days while his mother was searching for work. On the third day, his grandmother found him and walked him to the hospital. Since the laboratory technology we are so accustomed to in the United States does not exist there, no labs or cultures had been ordered on the child. Instead, a team of physicians pieced together a story that would give them a solid enough diagnosis to start treatment on an infection that none of them had ever seen before.

After talking to the grandmother and the child, the physicians discovered that the family kept goats, and that the boy was using a goat’s pelt as a blanket at night. From this, the physicians pieced together that he had most likely been infected with cutaneous anthrax, and decided to treat him right away. They did not have the luxury of confirmation testing or searching the Internet for possible alternative diagnoses. Rather, they used their medical intuition to aggressively treat a possibly life-threatening infection. Within three days, the boy had markedly improved, and the swelling had subsided enough that he could see out of his right eye again. This is just one of many extraordinary cases I had the chance to witness while in Shirati.

My time in Shirati made me come to appreciate the health care we have in the United States. Simple things that most of us do not think twice about are considered luxury items to most of the health care teams in Tanzania. I had to sit...
“Seeing oneself.” In this photo, Alison Badler is sharing the photo she just took with these children. The children loved seeing pictures of themselves, as many of them were unaware of what they fully looked like because mirrors and cameras were rare. Photo by Travis Inglis.
Above: “Newfound friendship.” Alison is seen in this photo with a young girl she made friends with while performing a survey in one of the surrounding villages. The children loved to follow us everywhere we went, and we often had three or four children following us for the entire day before returning home. Spending time with the children was a great way of spending our free hours away from the hospital. Photo by Travis Inglis.

Right: This young girl was suffering from Burkitt’s lymphoma. She and her mother walked for five days from Kenya to be treated at the SOTA clinic. Alison Badler is seen in this picture with the young girl. Alison brought coloring books with her and gave some to the young girl to enjoy. Photo by Travis Inglis.
back and watch idly as teams of nurses reused needles for blood transfusions that had not been typed or cross matched. I worked with a group of physicians to try and reconstruct a defibrillator that had to be more than 20 years old — but it was all that they had. I watched tuberculosis patients get placed in “isolation” rooms that consisted of a few brick walls with open slats to the outside, and observed women giving birth on a wooden table with a green tarp as a protective barrier. Yet in the face of what I considered insurmountable obstacles, the health care teams prevailed numerous times, proving to me that with enough dedication, almost any medical condition can be treated in any situation.

Aside from the respect I gained for the physicians and their health care teams in Shirati, I think the individuals I saw at the hospital and in the towns and villages had the largest impact on me. Having the opportunity to meet a woman who had walked with her daughter for more than five days to get to Dr. Kawira’s clinic from Kenya was an experience that I cannot even begin to put into words. The woman had heard that Dr. Kawira specialized in the treatment of Burkitt’s lymphoma, and decided to make the trip in order to save her daughter’s life against overwhelming odds. Families set up small camps and lived outside the hospital for weeks on end in order to raise money and make food for their loved ones inside. Seven- and eight-year-old girls cared for their younger siblings while mothers and fathers attended to other sick children in the hospital. Yet despite what most would consider dire straits, every individual I had the pleasure of meeting was extremely grateful for the life they had been given, the family they were blessed with, and the opportunities they were presented with.

Since I left Shirati, I constantly find myself day dreaming about returning. I plan to go back during my fourth year, when my skill set has grown and I can be more of a service to the community. There is something about the simplicity of life in Shirati that is captivating. It’s a place where the medical field has an infinite opportunity for growth, and every individual has an enthralling appreciation for life.

A note on all of the photos: These are some of my favorite pictures from my trip to Africa this summer. A fellow WesternU DO student (Alison Badler) went on the trip with me. I believe these photos capture the essence of “Expanding Horizons,” because we both came away with a new take on life, a new appreciation for international medicine, and a new awareness of the illnesses affecting other regions of the world. As can be seen in one picture, I believe we helped to expand the horizons of some of the children in the area we visited. Most of the children had never seen what their own reflection looked like, so being able to see themselves for the first time through a digital camera was a magical moment for them. Additionally, visiting their schools and educating them about some of the local illnesses, while treating them, helped expand their knowledge base so that they could live healthier lives.

Top: “Sister and sibling.” This is a photo of a young girl and her sibling walking back from the hospital. It was not uncommon for girls from the ages of 6 or 7 to take care of their younger siblings while their parents worked. Photo by Alison Badler.
Giving Kids a Smile

By Chad Colby Gage, DMD ’13

The last time I drove for three hours into the desert, I was honeymooning to Mexico. The time before that, I was headed to Vegas for a quick weekend in Sin City. This time, I was riding to someplace I’d never heard of: Trona.

Being an adept Googler, I quickly discovered that Trona was famous. How had I never heard of this city before? It served as the desolate wasteland for “Planet of the Apes”! The Trona Pinnacles, a unique backdrop, have served as the setting for numerous other sci-fi films, as well.

Upon our arrival, I felt like I’d been taken for a space trip myself — or that I was a little like Columbus exploring a new world.

Trona sits on the fringes of the San Bernardino county line. The town survival mainly from the mining of a mineral that gave the town its name. As you drive up to the town, piles of white dust greet visitors and the town’s relatively few inhabitants. Multiple columns, each spewing extremely tall white smoke clouds, were so dense that they would hang in the air. Clearly, I was not in Kansas anymore.

While California has an average of one dentist for every 1,440 people, rural desert communities in San Bernardino County face significant access-to-care issues. Trona Elementary School students identified as being in high-risk socioeconomic groups were either uninsured or underinsured, which prompted Timothy Martinez, DMD, Associate Dean for Community Partnerships and Access to Care for the College of Dental Medicine, to organize a service trip in partnership with Victor Valley Community Dental Service Program’s mobile dental unit. The goal was to provide dental care to the children of rural desert communities in San Bernardino County in 2010.

My trip represented a return to Trona in 2011, as part of a greater effort to expand our horizons as dental students by contributing to Give Kids A Smile charitable events occurring all across the nation in the month of February. Sixteen students from the College of Dental Medicine’s inaugural class of 2013 arrived early at Trona Elementary School on Friday, Feb. 18, to donate more than $15,000 worth of dental services in one day, and give valuable
hygiene instruction to more than 70 children and their parents. For many of the dental students, the trip represented their first experience practicing dentistry outside the WesternU Patient Care Center.

Anamaria Muresan, DMD ’13, stated: “I thought that our school’s philanthropic effort to bring portable dental chairs and a mobile unit to Trona was remarkable. Understanding the special requirements of the community is crucial to successfully address Trona’s need for dental care.”

According to Chris Dudzik, DMD ’13, “You can tell the parents were really grateful, and as a student, it was really easy to feel that we were wanted and we were making a difference.”

Debby Celaya, Trona Elementary’s school secretary, told me that the elementary students said their experience with the dentist was surprisingly fun. Fear and anxiety melted away after the children observed how happy their friends were after treatment. Extra big smiles were seen as the children received school supplies and toys donated by the dental students. Dental simulation practice can never simulate the feeling that you get from giving a child a brighter smile.

Parents have already begun asking when WesternU will return to Trona to donate more dental care. To answer the needs of those in Trona, WesternU has obtained a grant that will upgrade the dental chairs in the Victor Valley Community Dental Service Program’s mobile dental unit, and has obtained additional portable units capable of powering high-speed headpieces necessary for restorative dental treatments. This grant represents a significant step in the right direction for additional student-provided care in rural desert communities where access is a major issue.

I knew there were places that were underserved in dental care in the same way that I know the Earth is round or that Mt. Everest is the tallest mountain – because someone told me. I now understand for myself that there really are places that don’t have access to health care, which redefines how I interpret the challenges society faces.

Passing the derelict buildings on the main road of Trona helped me to concretely realize that health care may not be a top priority if other hardships exist. I personally treated a girl who was in fourth grade and had never seen a dentist. Marcus, a student at Trona High, told me his football field did not have any grass.

Columbus expanded horizons not only figuratively, but literally. He doubled the size of the entire known world. But how valuable would his information have been if he had not returned to the Old World? Expanding a horizon is only as valuable as the knowledge you return with, and how often you return.

Opposite page top: Sixteen students and four dentists, including family members, took part in treating or screening more than 70 students. Photo by Chris Dudzik, DMD ’13.
Opposite page bottom: The Trona Pinnacles, found a few miles outside of town, were featured in many different science fiction movies. Photo by Bobak Ha’Eri.
Top left: Chris Dudzik, DMD ’13, flexes his muscles and his smile with his patient. Photographer unknown.
Top right: Students learn from Dr. Timothy Martinez, DMD, as he works on pediatric patients in a mobile dental unit. Photo by Chris Dudzik, DMD ’13.
The other day, I, like many people my age, went to have my blood work checked at my local clinic. This might seem like a mundane yearly activity that many may choose to forego simply due to the fact that it involves a needle, but I chose to follow my own advice and have it done. This seemingly simple act involved no less than four computer screens and one PDA.

At a time when modern medicine is making leaps and bounds in technology, is the patient ultimately the one to suffer? Are we ultimately generating a negative reinforcement system when all this technology comes between the provider and the patient?

I recognize that technology is not something that is “hardwired” into me as it is with this generation of providers. I remember 25 years ago, when the first “portable” computers were equivalent to moving a mini-fridge to and fro. We have come a long way, and access to health information on the Internet is readily available to the patient as well as the practitioner. Personal technology has changed the way we interact with patients. From simple things such as looking up a drug on your PDA, to e-prescribing a drug directly to the pharmacy, there is no doubt that technology is here to stay. Many offices are moving to electronic medical records, with all the bells and whistles attached. The advantages are streamlined billing, coding and charting, as well as built-in reminders for health maintenance and scheduling of appointments. My concern is not that technology is a passing fad, but how we as practitioners are to maintain humanism and connection in its midst.
In medicine today, the screen is here to stay. Most practitioners in medicine cannot interact with the patient without first interfacing with some kind of screen, even if it is only the front office staff. From first contact in the front office to doctors with iPads and PDAs in their pockets reviewing charts and labs — without them, medicine does not happen. However, as a health care consumer, I feel the screen to be a wedge in my ability to connect to another human being. I would like to see someone’s eyes when they say hello, to feel that they genuinely care about me and are not distracted by what is on the screen.

I understand the need to find data, to register me into a “system,” or simply to record information. I, however, am not another computer screen. I want to be acknowledged as a human being, and want to communicate with another human being without the assistance of technology. Is this too much to ask of my providers? “The eyes are the windows to the soul.” So why is it that we hide them behind a screen, a desk, and a PDA?

Generational issues come into play, as well. Currently, it is completely acceptable for someone to “multitask”: check their e-mail, review a memo, or browse a social networking site while at the same time listening to the person in front of them. While I find this to be downright rude and annoying, my younger cohorts see nothing at all wrong with it. In fact, many expect this kind of multi-screened communication to be effective and more efficient. In my own family, my daughter feels that texting me is more efficient than talking to me, even in my own home.

In addition to the “efficiency factor” involved in being able to multitask communication on many levels, it has the advantage of allowing the communicator to skip a layer of emotion that is often fraught with difficulty. Written communication can only transmit so much. Without body language, timbre of voice, and eye contact, written communication may seem like a “safe” alternative to communicating directly with another human. We don’t have to deal with the “messy” part of communication: tears, anger, sorrow, or anguish. In addition, that screen in front of us allows for another layer of protection between us and the messy aspects of human interaction — a shield, per se.

However, as many experienced practitioners can tell you, written communication is fraught with its own difficulties and can be open to the misinterpretation of the person reading the message, and their agenda. The borderline personality patient is an expert at being able to use written communication as a weapon and turn it back on you, the practitioner; and indeed, turn your office upside down. They pit one person against another, misrepresent written information, and become a wedge between employees and practitioners. No screen is large enough to protect the office from the whirlwind that ensues.

How do we strike a balance between technology and humanism, between real human interaction and surface interaction? I don’t know that I have all the answers to that question, but here is what I see as a start:

1. Start every interaction with meaningful eye contact and kind words, whether it is the front office staff or physician. Once meaningful eye contact is made, then it is OK to proceed to the technology necessary.

2. Know when face-to-face communication is needed. Some people need to hear words directly, not read them. Especially sensitive information needs to be delivered face-to-face.

3. If you are interrupted by technology, have the courtesy to excuse yourself first before going to answer a cell phone or review an incoming lab or x-ray. You have a human being in front of you. They deserve as much.

4. Recognize generational issues, and have respect for someone who might view the technology with disdain, especially the elderly.

5. Know that some patients do poorly with technology, and need more face-to-face time, such as personality disorder patients. They need firm boundaries and good face-to-face interaction.

6. Do not “hide” behind the technology just because human interaction makes you uncomfortable.

7. Explain and share what you are doing with your patient. Explaining, “I am checking for drug interactions so we can add a safe medication” goes a long way with respect for your patient.

8. If you are called out to discuss someone other than your patient by phone, have the courtesy to move out of earshot. They don’t need to hear about someone else’s issues.

I am a realist, and I know that technology is here to stay. I also know that as a consumer, I want to have a connection with my physician or practitioner. I want to build a relationship around my health care and establish trust, not find technology undermining that foundation. I want my physician to know who I am, not just my name on a computer screen. Humans – not computers – are why we became health care providers in the first place, right?

If we keep the practitioner–patient relationship as the key ingredient to understanding the foundations of humanism in health care, then technology becomes another tool in our tool box, not the wedge that drives us apart.
The California Society of Health-System Pharmacists (CSHP) is a professional organization with the goal of promoting health and safety for patients in organized health care settings. A subcommittee within CSHP that worked specifically to expand horizons at WesternU is the Professional and Community Outreach Committee (P&COC). The committee’s goal is to reach out to the community by giving presentations to schools about pharmacy and health professions as a whole, and most important, to stress the necessity of education. P&COC believes in reaching out to the younger generation to expand their horizons, because they will be our future.

The committee started in 2009 with a group of six students, and has grown since then. Over the course of its development, the group has delivered presentations to colleges, high schools, and middle schools, with topics that include enumerating the multitude of roles that pharmacists have, educating students about the little-known facets of the health care field, and advocating the importance of maintaining good grades, staying involved in extracurricular activities, and making the most of their education. Almost all of the presentations take place on a weekday, so all of the committee members take time out of their busy study and work schedules to partake in these outreach presentations. The committee’s hard work and effort has paid off tremendously.

In the past year, the P&COC have given presentations to several colleges, including UCLA, Mt. San Antonio College, and UCI. The audience at these presentations included pre-pharmacy students, pre-health students, and students unsure of what they wanted to do in the future. It is important to realize that these students are in the same scared shoes that many current graduate students were in when making decisions about their future. Consequently, it appeared that many of the students in attendance were grateful to hear the calming advice that the committee members were able to give them. Additionally, the presentations created a venue for students to ask questions comfortably; after each presentation, several students would approach the committee and ask questions encompassing the application process, career outlook, and different career paths. These college students loved speaking with the committee because they were basically their peers and generally in the same age group.

Additionally, the committee gave presentations in our very own city of Pomona, at Ganesha High School and Garey High School. At Ganesha High School, we worked with Advancement Via Individual Determination (AVID) students who are enrolled in grueling courses that maximize their potential and ready them for the challenges after high school. These students were very attentive and willing to listen to what the committee presented. What the
P&CO C noticed is that while a small percentage of them were interested in careers in medicine, many had questions about college choices and the associated challenges of higher education. The committee members were able to draw from their own high school and undergraduate experiences to help answer the questions, which essentially alleviated any pre-college stress the students had.

A recent breakthrough for the committee was being able to work with the Pomona Unified School District to give presentations to middle schools. These presentations were quite different from the other presentations because the middle school students were full of enthusiasm and energy, which the P&CO C fed off of during the presentations. The goal of these presentations was to acquaint young minds with career paths in medicine and to convey the importance of creating a good academic foundation at a young age. By exposing young individuals to a health professions career now, students have something to consider as a career option until they make their decision years down the line.

We are continuing to expand our outreach events by spreading the word about the career of pharmacy and the importance of education. We have the mindset that if we are able to help just one student, we have done our job, and if we have done our job, then we have made a difference.

CSHP’s Professional and Community Outreach Committee aims to talk to different students about the benefits of pursuing a career in the health professions. Our goal is neither to implant in their minds that health professions is the way to go, nor push them to become pharmacists in the future. Instead, our goal is to have students prepare their own pathway to succeed in the future with any career in which they are interested.
International Medicine in Honduras

Introduction written by Huyenlan Nguyen, DO '13

During the summer of 2010, a group of WesternU medical and dental students embarked on a two-week medical mission to Honduras through the Global Brigades organization. This was a ground-breaking experience, because we were the first osteopathic school to participate in Global Brigades, we were the largest medical group, and we were the first group of students to be given the opportunity to participate in the new Interprofessional Brigade format, one we were aptly prepared for thanks to our training in Interprofessional Education (IPE).

For some of us, this was our first experience volunteering in a Third World country, staying in an area with unpaved roads and substandard medical care. For others, it was a new experience being immersed in a Spanish-speaking country where interactions could be lost in translation. Within 14 days, we cared for nearly 3,000 patients, and participated in eight medical brigades and two public health brigades. Follow along with us through the excitement and the ups and downs as we journal our way through Honduras...
Entry 1: IPE in Honduras

By Michelle Lim, DO ’13

Our trip began with an unexpected overnight stay in El Salvador. The free comfy beds, meals, and Internet at a four-star Sheraton were little luxuries we enjoyed before we eventually made it to Rapaco, our home. Apparently it used to be the residence of a Honduran president, so it was rural and huge! Since our group consisted of medical and dental students, Global Brigades wanted to test out a new interprofessional brigade concept with us. Who knew that we would already get the opportunity to put our IPE skills to the test? As part of the pilot, we spent two days instead of one at each village, providing health care services to women and children on the first day and everyone else on the second day. As a result, we were able to spend more time and provide more thorough, specialized services such as women’s health screenings and dental exams. We finished the day preparing for the next day’s brigade by refilling our suitcases with supplies every night. This included pill counting, labeling, and packing into zip-lock bags.

Our first medical brigade was in the village of Zarzal. A huge line of women and children were waiting for us at their Centro de Salud (health center). Some had walked several hours to be there. It really showed that our efforts were essential, and demonstrated how much of an impact we had on their medical needs. We divided and rotated through several stations so that everyone would get an opportunity to work through each of the stations. At the first station, intake, we checked patients into the Global Brigades electronic medical database. At triage, we collected histories, vitals and chief complaints. From here, patients were routed to the medical clinic, the women’s clinic, or the dental clinic. They could eventually visit all the clinics if they wanted. There also was a pharmacy, patient education center and dental hygiene education center. We stayed until every patient was seen.

Our first day working was non-stop busy, exciting, stressful, and rewarding. We saw more than 250 patients. It was like treating an entire crowd at opening night of a Harry Potter movie, with minimal time for bathroom breaks. It was organized chaos.

Despite all of the bug bites we accumulated, we were not only working as an interprofessional team to provide well-needed services, but also immersing ourselves into a new culture and learning new skills (for some, a new language) to prepare ourselves for the upcoming brigades, as well as our futures as caring and compassionate osteopathic physicians.

Entry 2: Teamwork!

By Chester Tung, DO ’13

Our boisterous group of WesternU students drove up to Hoya Grande in our trusty bus, having endured hours of traversing unpaved roads and crossing bodies of water. We all thought it would just be another regular day — little did we know that this would not be the case. The moment we hopped off the bus, we were greeted by a sea of faces. We were hit with the sudden realization that it would be a long, hard day of work. We knew that there were a large number of patients to be seen, but we had no idea that we would see a record high of 850 patients in one day!

I had the privilege of working the medical clinic station for the day, or as our patients affectionately called it, “medico.” While the patients meandered through the intake and triage stations, students working in the clinic were briefed by the doctors on what medicines to prescribe for various illnesses. In my mind, I wondered how I would remember all this information, but there was no time to think about that because patients started to rush in. At my first encounter, I was bombarded by a rapid-fire burst of Spanish. Even though I had taken four years of high school Spanish, I was unprepared for what came at me. Even at the end of the first encounter, I had no time to worry about my Spanish ineptitude, since another patient was waiting to be seen. I kept looking at the doctor, expecting him to take control and run the encounter. But with each encounter, I understood more of what patients were describing, and by the end of the day I could diagnose the patient and recommend proper medication; such as Bactrim for a suspected UTI or Dologrip for the flu.

Photo top: “Chester with one of the patients.”

Entry 3: Intake and Pharmacy Station

By Michael Chuang, DO ’13

In Hoya Grande, I worked in the intake station and the pharmacy. The intake station implemented an electronic medical record system and served as the first step to patient care as patients were checked in. Each patient was assigned a file in the system, which would follow them throughout all the other stations to track the care that was delivered. If the patient had previously been seen, they already had a file, so new information could be added. With the large volume of incoming patients, the pharmacy needed help filling prescriptions, which gave me a chance to gain a better understanding of the medications.

Those working at the pharmacy doubled as quality control to ensure that the orders from the medical clinic were correct. For example, albendazole was routinely prescribed for parasites, but is contraindicated during pregnancy. By carefully reviewing a patient’s form, I was able to prevent my patient from mistakenly receiving albendazole.

Photo opposite page top: “The Crowd.”
I journeyed to Honduras hoping for adventure, as well as to learn some valuable lessons that I could carry into my career as a physician. My experiences exceeded even my highest expectations. I had countless memorable experiences in Honduras, but one that left me with a lifelong impact was in the women’s clinic. My female peers and I helped perform 2-3 Pap smears on the local women under the supervision of a female doctor. A few of the women I encountered were very shy and scared as they entered the room, unsure of what to expect. Because of the lack of access to medical care, most of the women had never had a Pap smear or even a regular gynecological exam. To ease their fears, the doctor emphasized to them how important this exam was for their own health and the health of their future children.

We first observed and listened carefully as the doctor explained what she was doing. Then I was asked to perform the next one. Faced with doing the intrusive procedure on my own for the first time, I felt very nervous. But with the help of the doctor, who guided me step by step, I was able to perform the next two Pap smears on my own.

I left the experience with a real understanding of how lack of access to care can impact women in an area that is most unique and sacred to them. As a future female physician, I strongly believe that it is our duty to promote women’s health in our local communities, as well as in vulnerable areas abroad, where women’s health care access is restricted.

While we were in Honduras working with the medical brigades, it was apparent that people’s living conditions were negatively impacting their health. Without improving their living conditions, their health would continue to suffer. During our last weekend in Honduras, we had an opportunity to see how families lived as we worked with the public health brigade to help improve their living conditions.

After driving two to three hours and crossing many rivers, we arrived at Joyas del Caballo and met two Honduran families. One family of six was living in a small house with dirt floors. They all slept in one room while the other room was the designated “kitchen.” In their kitchen they had a wood-burning stove with no chimney, so with every meal, smoke would fill the house, endangering the health of the family. Living in a house with dirt floors and poor ventilation posed several public health risks to the family, such as respiratory illnesses and parasitic infections. Our goal was to spend two days improving sanitation, health infrastructure, and overall living conditions.

Half of us worked on building a floor by mixing cement and carrying it into the house with buckets. The other half worked on building a new stove with a chimney to allow for better ventilation.

It was a rewarding experience to see how grateful the family was for our help. We could see in their faces just how much of a difference a cement floor and a ventilating stove would make, and it was truly humbling.

After a week and a half of seeing patients, it felt really good to go out into the community and provide a different kind of service that would better the overall health environment for these Honduran families.

Entry 5: Public Health Brigades

By Greg Gilmore, DO ’13, Torey Kikukawa, DO ’13, Melissa Miranda, DO ’13

While we were in Honduras working with the medical brigades, it was apparent that people’s living conditions were negatively impacting their health. Without improving their living conditions, their health would continue to suffer. During our last weekend in Honduras, we had an opportunity to see how families lived as we worked with the public health brigade to help improve their living conditions.

After driving two to three hours and crossing many rivers, we arrived at Joyas del Caballo and met two Honduran families. One family of six was living in a small house with dirt floors. They all slept in one room while the other room was the designated “kitchen.” In their kitchen they had a wood-burning stove with no chimney, so with every meal, smoke would fill the house, endangering the health of the family. Living in a house with dirt floors and poor ventilation posed several public health risks to the family, such as respiratory illnesses and parasitic infections. Our goal was to spend two days improving sanitation, health infrastructure, and overall living conditions.

Half of us worked on building a floor by mixing cement and carrying it into the house with buckets. The other half worked on building a new stove with a chimney to allow for better ventilation.

It was a rewarding experience to see how grateful the family was for our help. We could see in their faces just how much of a difference a cement floor and a ventilating stove would make, and it was truly humbling.

After a week and a half of seeing patients, it felt really good to go out into the community and provide a different kind of service that would better the overall health environment for these Honduran families.


Left: Krystle Rapisura and Ecstasy Peralta building the brick stove.
Entry 6: From Reality to Memories

By Chirag Gandhi, DO ’13

After our incredibly rich, yet absolutely exhausting, final brigade, we shuffled back into our neatly stacked bus, ready to brave the elements of nature and make our trek back to our base.

Our driver realized that the inclement weather would be a challenge should the monsoon-like rains start while we were traveling up our dirt road. The two little girls I saw waving yesterday were out even now, as dark clouds crossed the horizon and wrapped around us like a tight blanket. They seemed unchanged, completely oblivious to the weather that made us nervous. But perhaps what we saw wasn’t so much a lack of understanding as it was a lifetime of experience with the paradise they were a part of.

The Hondurans we helped were not only incredibly thankful, but had patience and respect for the cards life had dealt them, qualities we don’t always encounter back at home. I hope I carry some of that back with me, and realize that although the structures that we take for granted are a reflection of man’s prowess, they are still as much a part of nature as the materials from which they were built.

I like it here right now. It’s serene. There is nothing else here, just me and the bounty of nature that surrounds me. I experienced a true thunderstorm; the way nature had intended it to be experienced this night … darkness lit up by penetrating pinks with booming thunder. The kind you didn’t want to withstand but rather wanted to embrace. For in the strength of these scenes lay the comfort of knowing how truly little control meant. I so wanted to go jump around in the rain, but didn’t think it appropriate.

Photos top to bottom: Sunset view of the hills in Honduras; volunteers with the Honduran family after building a stove and making a cement floor; Frederick Chang and Michael Chiang, both DO ’13 take a break; and “Nature Honduras.”
Global Brigades, a student-led global health organization, provides services to improve the quality of life in under-resourced communities. A subset of Global Brigades is Dental Brigades, which focuses on extractions and restorative care. Dental Brigades provides dental students with an opportunity to give back to a community that relies solely on volunteer visits in order to be seen by a dentist. When the opportunity to go to Honduras presented itself, we immediately signed up. Fresh out of our first year of dental school, a dental mission in another country sounded both exotic and exciting. It was just the thing to expand our horizons, since we were just beginning to use more of our hand skills for basic dental procedures. Besides, the ability to both practice dental skills and assist the underserved was sure to be a fulfilling win-win situation.

Our two-week adventure began with a delayed flight, but that was the last of the monotony. Once we arrived in Rapaco, the frenzy of activity began immediately — we prepared equipment, supplies, and the pharmaceuticals necessary for our first day.

Our first day of Brigades was the first step in a very humbling experience. We traveled by bus for about an hour and a half on dirt roads, up winding hills, and through rivers to reach our location. Upon arriving, we found classrooms or extremely small rooms with little ventilation, equipped with collapsible lawn chairs to serve as dental chairs. We sterilized our equipment in tubs of water, bleach, and antimicrobial solution. That morning — and every morning following — we were met with a long line of patients. That first day was the longest we had ever spent providing dental care, but we refused to turn any patient away.

One of the most interesting and eye-opening experiences of the trip to Honduras was extracting teeth. Many children and adults had not brushed their teeth for many years; consequently, they had fractured or missing crowns, and serious untreated decay. Since we only spent two days at one site, performing extractions allowed dentists to help a multitude of people. In the United States, extractions are usually the last resort for treatment. Even after an extraction, follow-up treatments are available to replace the extracted tooth, including implants, fixed partials or dentures. In Honduras, these “modern” dental treatments are not offered in most villages. Dental extractions are an immediate and common solution for Honduran patients who cannot wait for restorations and who have no other means to treat their dental condition.

With the guidance of the Honduran dentists, we were able to extract teeth of patients of all ages. For some of us, it was the first time we had ever performed an extraction. The most memorable procedure I performed was for a 23-year-old...
man who wished for his four maxillary front teeth, which had interproximal caries, to be removed. This man was younger than me, yet here I was taking away the most aesthetic teeth in his mouth. I found myself worrying about how he would look without his front incisors, until I realized that that was not as important as his immediate relief from pain. Right then, I found my worldview expanding.

Still, I specifically remember teaching some patients that the problem they were having with their teeth did not warrant something as extreme as an extraction, especially when it came to their front teeth. Dental Brigades had obtained a portable dental unit, so we were able to offer alternatives. For many patients, we provided both composite and amalgam restorations, and were not forced to extract their teeth. I was able to prepare a tooth independently for a patient who had a large cavity, and filled it with an amalgam filling. This opportunity was beyond what I had imagined I would be able to do after only one year of dental school. More important, the patients who received restorative care always left with huge smiles and visible appreciation for what we had done: we saved their smiles.

Since dental visits are rare, along with restorations and extractions, an oral health class was conducted. The classes were offered throughout the day, so that every child who came to the dental clinic would know how to better address their oral health. Children were taught how to brush and floss, and were given donated toothbrushes and toothpaste. As the director of Dental Brigades explained what fluoride was, we applied fluoride to their teeth. Ultimately, we hope these classes help prevent situations where permanent teeth must be extracted.

Oral health is only one component of Global Brigades. Oral health, overall health, and public health were soon combined for two days of Public Health Brigades. At these visits, we helped make a cement floor for a family of six, as well as create a ventilated kitchen with a new stove and chimney.

Being able to help the Honduran community was beyond humbling. We were reminded about how fortunate we are to have accessible health care, and about the relative luxury of our home and shelter “basics.” Global Dental Brigades is a well-rounded and fulfilling educational experience. Although language sometimes was a barrier, the hugs and smiles we exchanged were clearly understood.


Puddles
By Thomas Gray DO ’12

It rains in California, sometimes. It rains in Oregon, often. With the construction and opening of the new College of Osteopathic Medicine of the Pacific—Northwest campus, the Western University of Health Sciences family will be introduced to the concept of puddles.

A 7-year-old girl, standing in a white church dress with a yellow ribbon, stares longingly. Only a few feet across and of unknown depth, the puddle shimmers and reflects the sky. The puddle combines a sense of the familiar with a sense of the unknown. She steps closer and regards her friendly image. She is old enough to imagine the consequences, as she has seen these great pools of joy before. She has felt the cold, muddy water soak through her tights. She has watched her mother react in horror, and perhaps noticed the mischievous grin on her father’s face.

Today, however, she is older and wiser. She looks down the sidewalk and sees her 4-year-old brother, sopping wet from his shiny black shoes to his shirt tails, pouncing from pool to pool. His muddy grin is contagious. Her 1-year-old brother toddles through the puddles without insight, smiles, then cries. What to do? She looks first at her mother, whose wisdom and protection has provided her with the elegant clothes she wears, the white flower hair band and a sense of confidence in herself. She stares back at the puddle, imagining the adventure ahead.

She grins at her father, surprised he has not already pushed her in, but is instead content to watch her make this decision for herself. Then she turns her eyes back to the puddle.

Years ago, before this little girl’s heartbeat could be picked up on ultrasound, work began around a giant puddle in Lebanon, Oregon. That puddle drew similar introspection, thought and planning. People worried about getting messy, causing trouble and not getting approval.

To my great delight, they made the same choice as my little girl.

Splash!

Dalia Nassman, DO ’13
Below: “Radiance” | Bottom left: “Contrast” | Bottom right: “Hanging On”
Opposite top left: “Magnify” | Opposite top right: “Glisten” | Opposite bottom: “Burst”
Dalia Nassman, DO ’13 (continued)
Right” Still”
Below: “Calm”
Opposite top left: “Glow”
Opposite top right: “Return”
Opposite bottom: “Beginning”
Imagine being swept up the subway stairwell by mounds of people pushing past you to the outdoors above, gasping for breaths of fresh air. For a moment, you think you could be in Manhattan. Then you remind yourself that every single person is speaking Spanish.

It was here that I began the first day of my rotation in the university hospital in Buenos Aires. The hospital was tall and imposing, the entrance towering over the street across from the subway stop. As I entered the colossal front doors, the first thing that struck me was a sticky feeling, as I realized that the hospital had no air conditioning. I walked through the corridor to find the single elevator in the distance, in front of which I was surprised to find a line backed up to the length of a football field. Convincing myself stairs would be good for me, I climbed the crumbling steps to the seventh floor, and began my adventure.

The Hospital de Clínicas is the largest public teaching hospital in Argentina, seeing 30,000 patients in the emergency room each year and serving a population of more than 15 million in the city and surrounding provinces, all free of charge. I chose to rotate in a teaching hospital in this city in order to see a high volume of patients before intern year and to perfect my medical Spanish skills as best I could. My preceptor, Dr. Miriam Levi, is the residency program director and research director, and coordinated the different services for me to work with during my time here.

The hospital includes comprehensive medical services such as endoscopy, in vitro fertilization, and laparoscopic surgery. The choices for rotation available to me included, but were not limited to, outpatient primary care, emergency medicine, internal medicine, pediatrics, radiology, oncology, and surgery. I chose the outpatient clinic and pediatric floor.

Although the hospital was once the major trauma and natural disaster receiving center in South America, over the years it has become run down due to lack of funding and resources for maintenance. Once on par with the American dollar, the country’s economic crash in 2001 left the Argentinean peso a mere quarter of what it used to be. The doctors and residents often work without basic medical equipment like gloves and masks, and often instruct their patients to buy and bring back equipment from the pharmacy or medical equipment store before they can have a procedure done. Although free, even the most basic procedure is usually something patients have waited months for, and often up to a year or more. Still, the doctors have a tremendous amount of creativity with what they have and, without a doubt, deliver patient-centered care.

One example of this creativity was when the doctor for a patient with pes planus realized he couldn’t afford an orthotic, and made one for him herself. Instead of instructing him to buy materials or referring him to an outside specialist, she dashed to the supply room and began to work on the spot. Where she found cork in a supply room without masks or sheet paper, I’ll never know. Although there was a line of patients out of the door onto the street, she took the time to...
carve and fit an apparatus right then and there that altered the pressure distribution and alignment of his arches. The shape of his feet over time had created pain in his knees so severe that he found it difficult to walk. He had gone to a free psychologist’s consultation, as many people in the city routinely do, and was told the pain was caused by depression, and that to cure himself he had to get rid of his negative feelings. His understanding of the condition was completely turned around when we told him it could be fixed with a simple piece of cork and a doctor with good intentions. He walked out of the clinic, for the first time in years, with no sign of antalgic gate.

Suddenly, I was struck by a flashback from another preceptor who had selflessly spent hours creating custom braces for a baby born with club feet. Different parts of the braces were substituted with low-cost materials for the patient, whose family was of low socioeconomic status and without insurance. This happened when I had spent a month in a pediatric orthopedics clinic in Spain through the International Medicine Club (IMC) the summer after the first year of medical school.

My memories flooded further back to the Montclair Clinic during my first year at WesternU. It was there that yet another preceptor demonstrated great creativity and dedication to his patient. With one of the various-sized shims he had brought for teaching purposes, he swiftly made a fitted shoe apparatus for a patient who had come in for chronic low back pain and was found to have a 2.5 cm discrepancy in leg length.

Although these experiences occurred several continents and several years apart, they shared an identical degree of creativity and humanism by the physicians involved.

How to expand my horizons to help people get the care they really need is one of the most important lessons I’ve learned in my time at Western University of Health Sciences. There are many differences in the people abroad that I’ve begun to appreciate. Still, in certain ways, I’ve found we are fundamentally all the same.
Creating Health Care in the Clouds:

Amrit Davaa World Health

By Rebecca Giusti, DO, Assistant Professor Osteopathic Manipulative Medicine, COMP

A few times in our lives, we come across someone who is the epitome of courage, vision and compassion. I feel privileged to have met such a person. His name is Thupten Phuntsok, also known as Lama Sir.

Lama Sir lives in Tawang, India, an impoverished, restricted region in the province of Arunchal Pradesh. It is a rugged, beautiful place about 10,000 feet above sea level, blessed with snow-capped mountains, mirror-like lakes and villages adorned with delicate, colorful prayer flags. The people of Tawang are mainly Tibetan, and practice Buddhism. They are courteous and industrious, and rely on farming and government jobs, such as building roads, for their livelihood.

While the setting is picturesque, it can be a forbidding place for children who have lost their sight or limbs. Since they cannot work to help support the family, they are often seen as little more than another mouth to feed. This situation saddened Lama Sir, and about 10 years ago, he started an orphanage to help children with physical impairments, children from destitute families, and children who had no families at all.

The reputation of Lama Sir’s orphanage, now called Manjushree Orphanage, grew. More children came his way, many of them full-bodied, others suffering from blindness, spina bifida, amputations, severe burns and scoliosis. Teachers learned of Manjushree, and a select few decided to join his faculty for little pay to provide an education for these children. Today, Manjushree cares for more than 200 children, and is considered the pride of Tawang.

Despite its wealth of beauty, and its majestic mountains, the region lacks affordable and accessible medical care. The medical care that is available is expensive and lacking in essentials. A major medical emergency would require Lama Sir and the other inhabitants of the area to travel vast distances over inhospitable roads to find appropriate
care. For most, this is not feasible financially and physically, a circumstance made clear in the summer of 2007, when — in a place devoid of childhood vaccinations — a child died of typhoid at Manjushree.

Manjushree Orphanage and the plight of the region came to the attention of Dr. Natalie Nevins through a good friend of hers. After seeing pictures of the people and the place, Dr. Nevins and her longtime friend, Debra Bergman, set up a nonprofit organization called Amrit Davaa World Health, and reached out for sponsorship from Global Finance and Direct Relief International. With the goal of Amrit Davaa World Health being to provide sustainable health care to a region, Dr. Nevins organized a reconnaissance trip to Tawang in November 2007. I was fortunate enough to be one of the doctors on the team. While I was enamored of the people, their rich culture, their compassion and their Buddhist beliefs, I was struck by the poverty, the lack of nutritious food, the reports of women dying in childbirth, the harshness of life, and by how some people turned to home-brewed alcohol for relief from pain, hunger and depression, leading to alcohol-related deaths and fetal alcohol syndrome.

During a free clinic at a festival, we saw more than 600 people who had traveled from far and wide to reach us. At times, some were brought to the front of the line, and we were told, “Please take them first. They travelled 50 kilometers to be here. We only had to come 25 kilometers.” We saw a host of skin diseases, hypertension, GI complaints, headaches, arthritis, respiratory disease, ocular disease, and sadly, cerebral palsy, trisomy 21, and fetal alcohol syndrome. We saw firsthand the results of inadequate and
This page: children at the Manjushree Orphanage
Opposite page: people waiting in line and patients at the free clinic.
nonexistent medical and dental care. We were limited in what we could provide, but patients received education, medication and osteopathic manipulation.

At the orphanage, we did well-child exams for all of the kids, and administered the typhoid vaccine. Most of the children were also vaccinated with the MMR and BCG vaccines. A closer look at living conditions revealed that the children were sharing toothbrushes, and the bathroom floor was constantly covered with a thin film of water, encouraging the rampant spread of the papilloma virus. A wooden toothbrush holder was installed with each child’s number clearly marked. New toothbrushes were given to each child, hence no more sharing! My doctor’s mind couldn’t get around the fact that we needed a squeegee to remove the water from the bathroom floor. But where would we find a squeegee in Tawang, India? Luckily, my husband, a very pragmatic electrician, went into town, purchased a windshield wiper, attached it to a pole and voila — a squeegee for the kids!

The next stop was the majestic Tawang monastery, more than 400 years old and home to hundreds of monks. We spent a day seeing and administering health care to many of them. At the end of this first trip, we had seen firsthand the region and only a fraction of its 40,000 people.

The mission of Amrit Davaa World Health is to provide sustainable health care. How could we implement our mission statement to have the optimum effect on this community? We needed to have a low-cost medical clinic available in the region that could be supported by local doctors. Lama Sir graciously offered land at his orphanage for the clinic site, and gave up his bedroom to accommodate a temporary clinic room. With the help of Direct Relief International and generous donations, over the next few visits, we were able to stock this clinic room with medical supplies, first aid kits, and essential medications. In the U.S., Dr. Nevins rallied a small team of engineers and recruited an architect from Architects Without Borders to start plans on a “green” clinic that would be a center for primary care, women’s health, dentistry and optometry.

On our most recent trip, in 2010, we continued to focus on preventative care at Manjushree and the monasteries. We were fortunate enough to add two dentists to our health care team. This has been very exciting for the team, and there is plenty of room for other specialists in the health care field; nurses, podiatrists, optometrists, physical therapists, and veterinarians, just to name a few. As we are slowly generating the funds to build the permanent clinic, we are happy that at least we have been able to provide sustainable health care to the region.

When I think of the challenging goals ahead, my mind always comes back to Lama Sir; his ever-present flashing smile, and his dedication to the region and to the children that flourish under his care. Lama Sir started Manjushree Orphanage with funds that he was able to beg from the community. As the number of children grew, he made ends meet and continued to meet their needs while also providing them with an education. His vision — his determination to make this world a better place, one child at a time — is an inspiration to us all. If we can contribute to this vision by providing medical care to these children, ensuring that they reach adulthood, and to the community that supports this work, then we have done something good for our fellow man.

Before I came to Tawang, I had heard the saying, “It takes a village to raise a child.” I now truly appreciate the meaning of those words. I would even go further, as Amrit Davaa World Health has: It takes a global village to raise a child. And this is a village where we can all belong.

For more information on Amrit Davaa World Health, please go to amritdavaaworld.org

Photo below: Monks at the Tawang monastery.
Choosing a Medical School

By Eric Bueckner, DO ’13

When I was applying to medical school, I read a couple of sentences in a well-reputed and sought-after medical school ranking guide that served to warn the reader before they devoured the deluge of admissions statistics and the seemingly endless list of rankings in a lengthy number of categories. The blurb went something like this: “It’s important to remember that the rankings herein are less telling than undergraduate or graduate school rankings. This is to say that the difference in quality of education received at a lower-ranked medical school compared to a higher-ranked medical school is much narrower than the difference in educational quality of equally disparate (ranking-wise) undergraduate or graduate institutions.”

After reading this, I thought to myself, “That’s nice. Now, where was I?” and immediately began my quest to figure out, based on my stats, what was the “best” possible medical school I had a chance of getting into, effectively ignoring this piece of information.

I’m a bit of a “skip the instructions” type of guy, but I’m guessing that the average pre-med, having read those two sentences, wouldn’t have given them much thought either. If they had, they may have concurred on the following grounds and moved on: “Well, I suppose the human body hasn’t changed much since the advent of Western medicine. Pneumonia is pneumonia, and a torn ACL is a torn ACL. I mean, it’s not like there’s a whole lot of ground to argue on an ontological level about what it means to be diabetic. I guess all doctors have to learn the same things, and that’s why medical schools are more uniform in terms of educational quality. After all, most of us take the same boards, so I’d hope this is true.”

Now that I’m completing my second year at WesternU, having gone through the proverbial ropes and having interacted with medical students from other universities, I can say with much more than a modicum of confidence that the aforementioned observations are largely true. However, more important — and maybe confusingly — I completely missed the point that those two sentences were trying to convey. Implicit in those two sentences is something that I neglected to think about during my medical school application process, distracted by the constant worry of whether or not I’d even be admitted anywhere. If I got anything out of those two sentences, it was something along the lines of “Just get in.”

What I should have gotten out of them, now that I have the benefit of hindsight, is the missing third and fourth sentence that I am now filling in retroactively: “Thus, if at the end of the arduous journey that is applying to medical school, you turn out to have the luxury of choice when it comes to picking a medical school to attend, make sure that you pick a school that fits your educational style. The most important part of any education is finding an environment where you will be best able to realize your intellectual potential.”

Readers might wonder why I claim to have a special perspective on the above. “After all, isn’t that sort of obvious?” you might think. It might very well be obvious to most of you, but these points were driven home to me because of events that took place at my school. It turns out that Western University of Health Sciences underwent a curriculum change that corresponded with my class’ transition from first year to second year. More specifically, our curriculum changed from a lecture-based format — where some lectures were devoted to basic sciences, and others were devoted to teaching the clinical implications of the former — to a Problem-Based Learning curriculum, where we’re committed to a lifestyle that involves more self-directed study time, followed by meetings in small group and large group formats to discuss cases, with clinical and basic science discussion intermixed.

Although we are presumably delivered about the same amount of board-relevant material with either curriculum variation, that material is delivered in a very different manner, to say the least. What our class has experienced equates to attending two different medical schools. I say this because at least a slightly different style of information delivery is employed by each and every osteopathic and allopathic medical school across the country and abroad, in spite of having a responsibility to impart the same information. The point of this essay is that the style of delivery matters enormously, and it matters most individually. One student might thrive in a given educational environment, while another flounders, barely keeping their head above the sea of Powerpoint slides. Even if the body of knowledge being conveyed is identical, the method of delivery will determine who learns it best.

The importance of learning environment is doubly profound for medical students, because the learning demand is so incredibly steep. As medical students, we’re entering a profession where people’s lives are going to be in our hands, and the quality of care we end up delivering depends on how well we learned what we were supposed to. Thus, when choosing an education institution, it’s our responsibility to make sure that we take into account factors other than prestige and location.

Most if not all of those reading this essay are already in medical school or graduates, and thus might be thinking, “Hey, dense essay writer, we already chose a school!” Agreed, but hopefully you can retroactively appreciate the importance of what I’ve said. Moreover, we have friends and siblings applying to medical school, and choices ahead of us, like residency, where the same principles I’ve espoused so far can be applied, hopefully leading to happier medical students, happier residents, better physicians, and wiser individuals.
“Cabeza, hombros, rodillas, pies,” I sang along with the children in the shelter. Even though this song was designed to teach them, I was learning just as much — if not more — than they were.

For the first time in my life, I was experiencing a Third World country in Central America, and speaking Spanish. I had bravely ventured from my routine work and gone to Guatemala for the summer, where I would live with a local family, attend Spanish school, and volunteer at a domestic violence shelter.

I learned more during the summer of 2009 than I could have ever imagined or prepared myself for. The few weeks I spent in Guatemala were life-changing. It solidified my desire to become a health care professional, and truly expanded my horizons.

My days started with sharing breakfast made by my amazing host family. The family included a mother, her daughters – 8 and 1 – and their uncle and grandmother. It was this group of individuals who first opened my eyes to family life in Guatemala. While the conditions they lived in might seem disgusting or even unhealthy to most Americans, the family was as functional and happy as any I’ve come across at home. It was the only way they knew how to live. Everything was done in the courtyard of their home, which was surrounded by the rooms where the rest of the family and I stayed. Their sink was a simple concrete square tub tucked into the bushes. The only shower was a pit dug out of the ground, and there wasn’t an abundance of warm water.

Each afternoon, the 8-year-old would come home from school and immediately begin her homework. Initially, she was very shy around me, but as time progressed and my communication improved, she became my friend. I’ll never forget helping her put on my makeup, which she had a particular curiosity about since she first saw it.
Like every other kid in the city, I would attend school on a daily basis. However, mine focused solely on the Spanish language. I would sit at a wooden table with one of my tutors for eight hours straight, five days a week. We would study flashcards, complete assignments, or just have a conversation. If I were lucky, my tutors would take me to the street market and encourage me to speak with the local vendors. But it wasn’t the time I spent in the school that made my trip remarkable, for once I was finished with the academic part of my day, I would head off to the shelter.

My work at the shelter mainly revolved around the children staying there — which was perfect, since they couldn’t have cared less about my ability to put together a proper Spanish sentence. We would play games, do arts and crafts, sing songs, and design fun lesson plans. We were even able to organize a trip to a soccer field, where the kids could run around in the grass for a couple of hours. Since the families were checked into the shelter, they were not allowed to leave unless strict protocol was followed. For many kids, it was their first time out of the shelter in nearly a month.

While the concept of the shelter in itself was bittersweet in a way, it had become home for many of the families and provided numerous opportunities for those staying there. They were provided with free health care and child care during their refuge. While the volunteers were watching the children, their mothers were taught occupational skills, since they were now becoming the primary family breadwinner. I learned much more than the Spanish language during my time there. It opened my eyes to how much of the world I have yet to learn about.

As cliché as it may sound, going to Guatemala changed my life. As a training future physician, I now understand that I need to keep an open mind and remember that my knowledge and skills are amazing assets that can change lives. We should not only use these gifts to help our local communities, but to reach out to our foreign neighbors as well. The world is more interconnected than it may appear. To completely encompass a humanistic approach to medicine, health care professionals need to expand their horizons and try to understand or experience as many walks of life as possible. I had my own beliefs of what Guatemala was going to be like, but I never could have imagined what the country had to offer me.

Even though I do not come from an exceptionally privileged background, I still had so much to offer them, and they responded by giving me something I can never repay: a greater understanding of the world. I now look at the world differently; my renewed respect for the less fortunate has helped me understand how deeply we are all intertwined. I have only seen a small sample of the different and incredible cultures that grace our Earth. There are so many lifestyles and unique societies out there, and it is my dream to learn from them all. Every country, every city, every individual has something to teach us, as long as we are willing to learn.

I am grateful for my opportunities thus far, and I will continue to pursue many more throughout my life. WesternU will continue to expand my knowledge, provide opportunities, and teach me the priceless skills that I will someday share with others in any way I can.
Tanya Helm, DO ’13
Above “Painted Hills” | Below left: “Palisades” | Below right: “Rockscape”
Jennifer Stonequist, DVM ’11

This is a photo I took of a one-year-old dog named Glen, currently looking for a home at Best Friends Animal Society in Kanab, UT. I was out on a month-long Shelter Medicine Externship and took various dogs home for “sleepovers” to give them a break from the shelter environment, and to find out more about their personalities to help with their potential adoptions. I took this photo of him while hiking in Hog Canyon — I think of it as him looking out into the horizon, waiting for his forever family to come find him and take him home.

This is a link to his current adoption profile, and to a blog post I did for Best Friends regarding our weekend. http://adoptions.bestfriends.org/Default.aspx?dbid=1016825
http://network.bestfriends.org/blogs/glens_wonderful_weekend/archive/2011/01/17/Looking-for-a-perfect-puppy_3F00_.aspx
I see international travel as an adventure. I often think of lounging on a beach in the South Pacific, visiting ruins of old castles in England, and catching a last-minute train to Paris for the weekend, or basically experiencing greener-grassed life in the shoes of someone halfway around the world. Going to Haiti to give medical aid was anything but the glamorous trip I was hoping it would be.

When you prepare for an experience like this, you imagine the face of the native orphan when you touch them with your magic hands, healing them of any and all discomfort they previously had. I pictured the afternoon of patient encounters allowing me to become fluent in Creole, communicating clearly without the need of a translator. Before departing on our trip, I think I even saw the delivery of a baby that the family decided to name after me as I walked away on water.

Unfortunately, these were not to be. Instead, the little orphan only screams louder as you try to drain a boil opening to the ear canal. The need for translators never goes away, nor do the lines outside the clinic you work in. The surface of the swollen, flooded, raging river does not hold the weight of the bus that just tried to cross, stalling out barely outside the strong current, and as it turns out, I cannot actually walk on water to escape the danger and keep everything in my backpack dry. I have to swim.

Seeing the capital city in shambles the day that we arrived was merely a foreshadowing of the devastation that we would see throughout the rest of our trip. It was obvious that we were needed. In each of the clinics that we ran out in the bush, people just kept coming and coming throughout the day. Hundreds were seen each day with the limited staff
that we had, but it was hard to have a sense of accomplishment with the hundreds that we were forced to turn away. We got more efficient at running the clinics with each new time we set up over the 10 days that our group was there. We even made a few friends in the small coastal village that our headquarters was close to, and were able to spend a few evenings playing with the kids, swimming in the water, and drinking chilled Cokes from the only refrigerator within what seemed like a hundred miles.

It was impossible to foresee all of the events and obstacles that we would face during our time in Haiti. We accomplished our goal of providing care to those who wouldn’t have received it otherwise, matured in our understanding of how much we really have to be grateful for, and logged away in our memories and scrapbooks the faces of a few of the people whose lives we were able to touch. I still see international travel as an adventure, but with a different kind of enchantment.
Amelia Servin, MSMS ’11

Opposite page: “Resting spot on trail to summit Mt. Baldy”
Above: “Devil’s Backbone Trail”
Right: “Neat wood on the trail to summit Timber Peak”
Expanding the Pharmacist’s Role in HIV/AIDS Awareness, Screening, Education, and Medication Management

By Eva Chung-Levbarg, PharmD ’14

On World AIDS Day 2010, the WesternU chapter of the International Pharmaceutical Student Federation (IPSF)* teamed up with Lambda and Friends to promote AIDS awareness by giving out red ribbons and encouraging students, faculty and staff to wear red on Dec. 1.

World AIDS Day is becoming one of the biggest public health campaigns for IPSF. HIV, the virus that causes AIDS, has become one of the most serious health and development challenges throughout the world. With more than 33 million people living with HIV throughout the world, the very high prices of antiretroviral drugs mean that most people do not have access to adequate resources to treat this illness.

Pharmacists are the health professionals who focus on the patient’s drug therapy. We not only compound and dispense medications behind the counter, but also counsel patients and their caregivers on the safe and appropriate use of their prescribed drug therapy. As an intern pharmacist at the Los Angeles Gay & Lesbian Center, I learned that combinations of antiretroviral therapy and medications to prevent and treat opportunistic infections are used to treat HIV. At a cost of $10,000 to $15,000 per person a year, these medications are very expensive for the majority of HIV patients. However, there are programs, such as AIDS Drug Assistance Program (ADAP), which may pay for some or all of the medication costs.

At this center, experienced pharmacy technicians work closely with HIV/AIDS patients to do direct billing to ADAP, Medicaid, and other insurance plans. Additionally, they can update the patients on new and changing reimbursement programs. Clinical pharmacists, who specialize in HIV medications, work closely with medical providers and HIV/AIDS patients to better educate them about treatment options and medication management. There are also options for free home delivery, and tools to improve patient adherence. By expanding the role of pharmacists in educating HIV/AIDS patients, we can ensure the patients’ life-long commitment to antiretroviral drugs and support patients in adhering to their daily regimen.

As pharmacy students and members of a health care team, we are responsible for generating public awareness and helping to stop the spread of HIV/AIDS worldwide. In order to achieve this, we must take on local actions to achieve a global effect. Intern pharmacists and clinical faculty from the WesternU College of Pharmacy team up annually to raise money that benefits AIDS Project Los Angeles (APLA) at the Annual AIDS Walk Los Angeles. The IPSF WesternU Chapter is collaborating with East Valley Community Center and AIDS Healthcare Foundation (AHF) to utilize their mobile HIV clinic, and to promote HIV testing at health fairs around L.A. County. IPSF WesternU chapter will continue to generate public awareness about World AIDS Day 2011 and beyond.

Since pharmacy students are the future leaders of the profession, we are key players in raising awareness of HIV/AIDS and changing attitudes toward AIDS management. Expanding the pharmacist’s role in HIV/AIDS education and clinical practice will result in improved medication adherence and quality of life for patients with HIV/AIDS.

* IPSF (International Pharmaceutical Students Federation) is the leading international advocacy organization for pharmacy students, promoting improved public health through provision of information, education, networking and professional initiatives.

Photos opposite page top: WesternU students, faculty and staff pose on the steps of the Health Education Center for World AIDS Day, December 1, 2010.
Bottom left: World AIDS Day Organizers (l-r) Eva Chung-Levbarg, Sonia Fang, DVM ’13 and Stephanie Gleberman, PharmD ’12.
Phi Lambda Sigma (PLS) is a national pharmacy leadership society that promotes the development of leadership qualities. The Gamma Nu Chapter at WesternU has grown by leaps and bounds since its initiation three years ago. “Expanding Horizons” is something that truly exemplifies the work ethic of PLS and its members. As student leaders at WesternU’s College of Pharmacy, we are always finding new and innovative ways to improve our leadership qualities through activism and advocacy within all aspects of our profession.

On Feb. 1, 2011, PLS expanded its relations with the pre-pharmacy students at Cal Poly Pomona, in collaboration with WesternU’s Ligaya Chan, from the Office of University Recruitment, and Dr. Jesse Martinez, Vice Dean of Academic Diversity and Development. The “Cal Poly Mixer” provided an exciting and interactive atmosphere for the students and faculty of WesternU and Cal Poly Pomona. PLS members participated in a student presentation on their experiences in pharmacy school and answered many questions during the student roundtable discussions. As former undergraduates, we really cherished the pharmacy perspective and the invaluable words of advice that pharmacy students gave us. Such opportunities were rare, and if they did occur, they only scratched the surface of our true curiosity.

This mixer was the perfect avenue and a rewarding opportunity for many of our pharmacy students to give back and really reach out to those who are interested in pursuing pharmacy. It is amazing to see how hard work can lead to a great and successful event.

In a short interview with Chan, we asked her to share some of her thoughts about the involvement of PLS members to help make the event as successful as it was. She expressed to us that she thoroughly enjoyed every aspect of the WesternU/Cal Poly event from start to finish and hopes to have the opportunity to participate in a wide-scale WesternU and Cal Poly event that encompasses all WesternU colleges with students and faculty from each of the programs. “WesternU and Cal Poly have always had this longstanding relationship and respect for each other, and it showed in the kind words of Dr. John K. Chan (Cal Poly Pomona Faculty Advisor) and Dr. Martinez,” Ligaya Chan said. “This particular event solidified the importance of maintaining the strong relationship between both universities and continuing this type of collaboration to assist students interested in not only the PharmD program, but in the 20-plus degree offerings at WesternU.”

Chan said that from the first day, PLS club members were eager to assist with all of the event details, including creating and presenting a professional discussion about life as a WesternU student, why they chose to attend WesternU, and the various clinical opportunities offered to the students. This provided insight on the overall student experience and demonstrated that PLS members were not only great ambassadors for the College of Pharmacy program, but for WesternU as a whole. Chan also commented on how much she enjoyed the genuine interaction between WesternU and Cal Poly Pomona students, as well as the overwhelming support from the faculty, staff, and students at both institutions.

As a PLS member and a student pharmacist, nothing is more rewarding than seeing the impact that strong leadership, initiative, and kindness can have on other students. We look forward to further strengthening WesternU’s relationship with other universities and colleges through leadership events.

At WesternU, we believe all individuals are capable of strong leadership, so long as we are willing to discover it. Leadership can be viewed as the ability to influence thousands of people. For the pharmacy students of Phi Lambda Sigma, if we can foster a high-quality interaction with just one person, then we have succeeded at being leaders. Thus, ambassadors we will continue to be, as we not only practice becoming great future health care providers, but also continuing to expand our horizons and using leadership to help bring people together.
Above left: Cal Poly students listen attentively during the round table event.

Above right: Eddie Diaz, PharmD '13 and Pauline Phan, PharmD '13, along with Cal Poly alumni, join Dr. Sam Shimomura, Associate Dean for College Advancement, during the round table event.

Below: some of the Phi Lambda Sigma members who participated in the event (l-r): An unknown pre-pharm student from Cal Poly, Dennis Ancheta, PharmD '13, Matthew Furukawa, PharmD '12, Pio Lansangan, PharmD '12, Michael Trillanes, PharmD '13, Charles Lam, PharmD '13, Pauline Phan, PharmD '13, Jacob Arslanian, PharmD '13, Felicia Molina, PharmD '13, Castor Phan, PharmD '13, Richard Garcia, PharmD '13, and an unknown pre-pharm student from Cal Poly.
The message this quote conveys precisely defines the role of a health care practitioner.

The first part of the quote applies to working on ourselves in various arenas of life, including education, character and outlook. The knowledge of our parents or companions does not, and cannot, replace our own knowledge. We must spend time and effort in educating ourselves; indeed, there is no one else who can do this for us. On the other hand, if we do become concerned with only ourselves, then what are we? The second half of the quote reveals the importance of applying our special traits to aid others. Is our ego so great that we forget about the welfare of others? We have an obligation to ourselves and to our fellow man. If each person works on perfecting himself into the best health care practitioner he can be, then society will take care of itself. Correspondingly, as health care professionals, we must use our time wisely. There is a distinct time to study at WesternU, to work midnight shifts in the ER, and to give unconditionally to our patients.

First, we work on gaining the knowledge that will put us on firm ground in our specific field. Studying at a graduate health sciences university incorporates determination and caring. We must be determined to expand our knowledge and understand the concepts we learn in class, instead of merely memorizing ideas and reiterating them on exams. A good student is one who asks questions and delves deeper into the subject. Moreover, caring entails going that extra mile to apply our knowledge to each individual case. Each patient we meet in the field has a different story, a different background, a different lifestyle. Learning to treat each case with our fullest measure of compassion and brain power is what makes us the greatest health care practitioners we can be.

Whether we are sitting in a classroom, working in the field, or sitting at home with our families, we are constantly in a state of learning. Learning goes far beyond the scope of professional school; it is a never-ending process that keeps us alive. Whether it is learning how to advance our character or learning what not to do in a situation, everyone at any given time is learning and growing.

Growing is not limited to academic education; achieving a balanced lifestyle is the key to healthy growth. Concepts and actions — such as living by our values, transforming suffering into growth, learning to listen, and discovering meaning — must all be taken into account in order for us to achieve our greatest potential. As health care practitioners, before we go out in the field to aid others, we must be healthy ourselves, both physically and mentally. In preparation for helping others, we work to perfect our own character and lifestyle to remain healthy and serve the public.

The second portion of the quote addresses the concepts of humanism and selflessness. Humanity must work together in acquiring the success of our labor. We are not isolated beings, living far away from one another with absolutely no contact or communication. We were placed in a world where interaction is a test of our potential. How well do we work with our classmates, our patients, with the world at large? Life is easy when we are on our own, living by ourselves, with no one to bother us or contradict our actions. But humanity was not created to simply live a reclusive life. The true test lies in our ability to interact with others. We are not spending years at WesternU, studying every day and pulling all-nighters, just for ourselves. We are educating ourselves so that we can reach out to the rest of the world. The role of a health care practitioner is to be selfless and use all the tools and energy we have to help our patients. To be selfless in the health care field means to put away our egos and not chase after honor. Our sole purpose is to help save lives — a vision we must incorporate into our every action.

Last is the use of our time as we work our way up to becoming pioneers in health care. The term “time management” does not completely cover this concept. Rather, the message of this quote is about our role in aiding those who request our assistance. When someone — a patient, or even a stranger — asks for our help, we should act quickly to help them. We should not take our time and drag out our assistance with elaborate speeches and jargon. Our time is not our own. People’s lives literally depend on our timing; we must learn to take action today, for we may not have a chance tomorrow. Life is full of challenges, and we can never know how vital quick action may be. We should always remind ourselves: “If not now, when?”

In a competitive environment where we strive to perfect our grades and resumes, we are often blinded by numbers and statistics. Expanding our horizons to include character, value, and friendship in our lives allows us to become more complete human beings. Expanding horizons means to be open to new ideas and methods of improving our lives. Moreover, this includes educating ourselves, not only in academics, but further in life values and an understanding of time.
Djamilia “Mia” Milton, DPM ’13
Top: “Perspective” | Bottom left: “Sunset” painting | Bottom right: “Metamorphosis”
Ed Valdez, Facilities Staff
Opposite page: “Juggler” | Below: “The Crossing”
The ability to concentrate is certainly one of the most important skills students need to succeed academically. Being able to concentrate also means being able to redirect attention, dealing successfully and swiftly with distractions and reining in an anxious mind quickly and effectively.

The inability to focus and sustain targeted concentration for any length of time, however, is a common problem among students. How could it be otherwise?

Picture this: 24 students sitting in a lecture hall on campus, eyes closed, the instructor’s voice guiding them into focused attention — posture straight, breathing steady and deep — then for a few minutes, silence. A bell rings. The group becomes animated, faces refreshed and alert. A discussion of the experience ensues, followed by a presentation about the connection between attention and cognition, then more demonstrations. Again, the sound of the bell, and the instructor’s voice, followed by silence

What’s going on, you might wonder?
Both awareness and attention make up consciousness. Awareness is constantly surveying information from inner and outer “landscapes.” Attention, however, is the process that focuses our conscious awareness on chosen experiences. Mindfulness can be considered an enhanced attention to, and awareness of, current experiences. Mindfulness has been described as including open and receptive, non-judgmental awareness and attention, a skill that enhances a sense of overall wellness.

A clinical model of mindfulness training is MBSR, Mindfulness-Based Stress Reduction, created by Jon Kabat-Zinn and widely used as an intervention modality for stress-related signs and symptoms. His research into stress over the past 30-plus years is showing that mindfulness training enhances a variety of well-being outcomes. Mindfulness training has been shown to increase conscious attention because it cultivates a change in overall attitude toward experience (of non-judging, patience, acceptance, etc.). It’s no wonder that the training of mindfulness has found its way into many major universities, including Stanford, Yale, UCLA, and many more.

Applied Humanism in Action: The Discipline of Learning, the Art of Caring
Western University of Health Sciences is committed to humanism in the educational training of its students, and is continuously increasing efforts to support them in achieving personal, academic and professional excellence so that they
may embody our motto. Teaching mindfulness in general, and MBSR components in particular, empowers students to cultivate a skill set that helps them override unwanted behavior and signifies another powerful way to put the WesternU philosophy into action.

The Master of Science in Medical Sciences (MSMS) catalogue states that the program “will educate students ... to become well-informed, evidence-based practitioners. To this end, intensive academic coursework and advising will be provided to ensure students’ successful admission into the professional field of their choice.”

In the spring semester of 2010, the MSMS program became a frontrunner on campus when its curriculum embedded an MBSR-based stress management module in a three-unit course, Critical Learning and Communication Skills in the Health Professions, with topics such as test-taking, writing, time management, and other skills taught by the Learning Enhancement and Academic Development (LEAD) team.

The author and instructor of the Stress Management module used components from MBSR, and additional relaxation and communication strategies, to create a WesternU-appropriate program paradigm. Mindfulness skills are trained and tracked, addressing prescribed cognitive, emotional and physical competencies necessary for academic success. Each new class addressed a set of competencies using didactics, followed by lab and group practice.

Because mindfulness training demands an ability to self-reflect and to act differently to one’s own (negatively habituated) reactions, it presented a range of learning opportunities for students. Whether students reacted with resistance, anxiety, boredom, interest or enthusiasm, all experiences were looked upon as “useful information,” and all reactions to those experiences, regardless of whether they are perceived as positive or negative, become an essential part of the mindfulness process.

By the end of the module, more than three quarters of the class had become daily practitioners. More important, students had creatively integrated components of the practice into their everyday lives in such a way that they had begun to embody the skills. Most students were able to report positive changes, which they traced back to the competencies training they tracked. Here are some of their comments:

Student: “I found it ironic that I came into MBSR to reduce my stress level, but am leaving with not just stress reduction, but something even bigger and better, the ability to be attentive at all times ...”

Student: “The module helped me manage my exam anxiety by teaching me to breathe and know that the exam is just that. My self-confidence increased dramatically, and I made a B. I realize that it is important to be mindful not only of what is going on around me, but also what is going on within me and how I feel about myself.”

Student: “I felt myself burning out because of the constant pressure ... now I am grateful to have the tools of my mindfulness practice ... my self-perception and confidence have increased, and by the end of the module, I gained the ability to let distracting thoughts leave my mind quickly.”

It takes courage to teach, and learn with and from each other, especially when the nature of the subject matter being taught is unfamiliar to students. Because of its very nature and goal (of mindfulness), all reactions, thoughts and emotions on the part of the students during this module became an opportunity to practice attention, and became part of an active learning experience for all. This course was worthwhile for both the teacher and the students, so much so that plans are underway to not only repeat, but expand the teaching of mindfulness into this and other colleges on campus. Expanding Horizons, indeed!

This table illustrates the MSMS model of Mindfulness Practice and the effects on students’ ability to cultivate prescribed competencies. This illustration is based on the article “Mindful Communication Grant Executive Summary” found on www.nycp.org.
To expand your horizon, you often must be willing to lose or alter something in order to gain something. That said, approach every new horizon with the sobering knowledge that there have been many hurdles to climb over, low valleys to cross, and rivers to swim through. The hurdles built up your strength, the low valleys tested your endurance, and the rivers challenged your focus above and below surface as the water refreshed you on the journey.

Expanding your horizon is taking a step outside of your comfort zone – making a leap of faith that pushes you to the edge of what you can see and is known to you, to the point where dreams begin and manifestations can emerge, giving fact to those dreams. Many of you are now enrolled in the medical professions field of your dreams. You dared to expand the personal horizon of who, what, and where you were, in order to make your dreams the reality you are walking in today!

Expanding your horizon is making the tough choices that demand discipline, focus, and profound commitment that will eventually, with persistence, propel you past your perception or experience to new levels of achievement. Naturally speaking, a horizon, from a viewing position, is the apparent junction of earth and sky. Simply put, the observer views the parallel intersection of the earth’s surface with the celestial sphere. This is a clear visual example of where reality and dreams meet, at the baseline, layered parallel to one another.

In the short two-year period I have been working here at WesternU, I have literally walked the breadth and length of this campus each day. I have walked in and out of every building, and every step I took told the story that has taken nearly 34 years to write, and that is still being written. By grace, it will be a never-ending story of WesternU’s visionary beginnings, a carefully penned testimony written in the hearts of its graduates, documenting the past, present, and continued future of this unique University. During my time here, I have watched students in their quest to learn, faculty in their commitment to that quest, and the staff’s zeal to push the vision. Coming in and out of the Library’s doors were students whose faces I have watched and looked at and whose eyes I have glared into, who are struggling in their quest but refuse to give up; students who are hanging on with outright determination even if it means repeating a course. Some I have held hands with in prayer, and others I have prayed for under my breath. And yes, it is another sobering fact that at certain stages in life, in expanding some horizons, we are called to struggle alone in some things – like the baby chick struggling to expand its horizon and break free. Free from the shell and free from all that binds. Likewise, some struggles are meant for you to self-succeed like the baby chick, while others stand by and watch, knowing if they help in the crucial moments of your struggle, it would destroy you in your fight for survival. You must struggle alone! Yet, remember still that you are never completely alone, for God is watching over you, too … in silence.
Expanding Horizons means a willingness to also walk in humility, because the more you expand yourself, the more you will realize the vastness of God’s plans for your existence and the impact your human hands will have on others’ wellness and lives, in many untold ways. Humility ensures that walking in pride is not an option; that it is by grace you walk, not independent from the Creator, but hand in hand toward something to be attained, new horizon after new horizon. There are “new” scientific deposits to be discovered, a particular time for cures to be developed, and a distinctive method to be unveiled or a device to be invented, all encrusted and uniquely layered in between the folds in the horizon’s baseline. By us expanding the horizon, the aforementioned will be revealed through probing research, expanded technology, and the old-fashioned consistency of individuals or entities, collaborating to share ideas and experiences and produce the breakthroughs of this era. Interprofessional Education (IPE) is the way of the future.

Locally, WesternU has amplified its presence in Pomona and throughout the surrounding areas by opening its newest expanded horizon, the Patient Care Center (PCC). In addition to the vision of the PCC coming to pass, COMP-Northwest, WesternU’s new campus in Lebanon, Oregon, has also drawn its place on the “Expanding Horizons” map, with its 2011 completion coming soon. Yet among all the horizontal milestones set and accomplished, the greatest baseline ingredient in any worthwhile “Expanding Horizons” is volunteer service, which remains a key component in the educational structure at WesternU. To continue “Expanding Horizons” through volunteer service is an obligation not only of WesternU as a learning institution, but of all of us, in whatever positions we occupy.

In truth, “Expanding Horizons” speaks of further endeavors to augment the size of a vision conceived by faith, planted in hope, and born with a purpose. It speaks to working toward a desired outcome and moving forward, even against the odds. It speaks of fortitude to engage duty, resolution to carry out responsibility, tenacity to not lose place, and spirit to finish your part. Finally, it speaks of courage and commitment to succeed in “Expanding Horizons.”

Change, transition and expansion are not bad things – yet sometimes they are frightening, and can make us a bit fearful and excited at the same time. This is the human nature of us all — conflicting emotions when we come face to face with the challenges associated with “Expanding Horizons” beyond our physical vision. Nevertheless, history has been made over and over again, just as it was when our founding fathers’ ideas and aspirations converged in 1776, producing a collective work on behalf of the people, embodied in the Declaration of Independence and the Constitution … or in 2010, when 33 Chilean miners were rescued after 69 days underground. This once again proves that when humanity is coupled with faith, all things are possible! – and “Expanding Horizons” professionally, socially, and personally means dreams need not remain unfulfilled.

“For Rylee”

Poem and photos by Crystal Rivera, Media Web Specialist, COMP

From the moment I discovered you existed
My outlook on life completely twisted
My well thought out plans dissipated
For this addition to my life I now anticipated

I pondered who you would be
You little piece of Daddy and me

And now you are here
My sweet little dear

The love I now feel, more than I ever could have imagined
Life now means so much more, horizons greatly expanded

Baby girl, you complete me
I hope I can be everything you need me to be

Love Mommy
“Animal”

By Gina Johnson, DVM ’12

I remember ducking through bamboo forests
In the drowning heat
Little burrs clinging to my jeans like hitchhikers.
I peered through green jungle walls
My face dripping with sweat,
Tiger-striped with sunlight and leaf-shadow.
I lurked there in the bamboo with my eyes red-ringed from the sun,
Lost in primal memory
Whispers screams and roars
Alike
Echoing throughout my fierce soul.
And in the aching humid afternoon
I left myself behind.
In a forest of people, I feel like a Douglas fir: common, insignificant, of small consequence. I rest in my spot, breathing, taking up space. Finally, I glance up from the forest floor. I see a woman who is not taking up space; she is making more room, room in her heart for children who need help. They are Kenyan children who need an education, food, clothing, medical care, and dental care. At first, she seems like a miracle worker. We sit and talk awhile. Her name is Mary. I begin to realize that she is just like me, except for one thing … she was determined to make a change, and she took action.

Having recently felt the sharp sting of the loss of a child, I know I can’t stay rooted here in the stagnant spot I have placed myself in. I am transforming into someone new. I no longer want to blend into the forest; I want to be seen and heard, but mostly felt.

I look through a stack of 200 photographs of children who need help and sponsorship. It’s so hard to choose. I can’t make this decision by myself, so I begin to pray and ask God to guide me to the one who needs me. I find him then. His name is Purpleray. He looks very small for a 4½-year-old. I want to help feed him. I want him to have an education, vitamins, clothes, and good teeth — to know God, to make friends, and to have a happy heart. I want him to know that someone in California loves him and cares about him. I feel that this will warm his heart; I know it warms mine. I commit to a monthly gift to take care of him.

In August, my daughter will travel to Kenya to meet Purpleray. She will bring him gifts from me. I will write to him and send him pictures, and he will do the same. It’s real and tangible. His picture is on my refrigerator to remind me every day that I have something to eat, and so does he.

I am transforming. It’s my choice to expand my horizons. I can’t remain insignificant anymore. I want to be a California Sequoia and I want Purpleray to be a Kenyan Baobab tree: broad-based, solid, significant, and beautiful.
The warm red glow of heat lamps illuminates the keys as I type quietly, so as not to provoke an eerie cacophony of rattles. Sitting in my room, walls stacked with countless cages, I reflect on how I got to this point, and remember the things I did to lead me to this most unpredictable of life choices.

When I was 5, I got my first pet, a frog appropriately named Froggy. From then on, I slowly amassed a collection of reptiles, amphibians and bugs, growing exponentially by year. As I now prepare to receive my DVM and apply for PhD programs, working with those very animals — and with my collection now numbering in the hundreds — I look back and think about that spiky-haired little boy who said that when he grew up he wanted to be a ninja turtle. I’m amazed that this eccentric childhood love of “creepy crawlies” has led me to where I am today.

I was a predictably mischievous child, and not especially adept at school. I got by, but certainly wasn’t doctor material. I focused a lot more on sports and my skateboarding career than I did on my studies, and it wasn’t until halfway through my undergraduate studies that I actually became motivated enough to want to excel. At the time, college was an obligation, not an opportunity. I was there because that’s what you do after high school. I arrived eager to play sports and party.

Biology seemed a natural choice, as I’ve always had a love for animals and nature, and the classes were surprisingly engaging. As I learned more, and began putting the pieces together, things started making sense, and it became progressively more interesting to me. Much to my surprise, I found myself excelling in classes and earning unusually good grades. “Maybe I’m good at this school stuff,” I remember thinking.

One day, I mentioned my collection of unusual pets to a professor, and he recommended I look into research where I could integrate my love of animals and my knowledge of biology. I asked some of the PhD students I knew about graduate research, and they remarked with sunken eyes and matted hair: “It’s not so great. It’s the lab vet who plays with the animals anyway.” From that moment I was sold: Off to vet school!

Just as a good win is exciting to an athlete, my grades and progression into the world of biology became exciting to me, and I got a real high and sense of accomplishment from doing well. It was that motivation that has allowed me to accomplish so much in my short time at WesternU, and has led me to where I am today. Unlike most of my peers, I aspire to learn from and teach about animals, not just treat them. As a third-year student, I already teach several classes a month, and I have found a successful niche in venomous animal research.

Veterinarians are fortunate to have nearly unlimited career options, and I have no doubt that all my classmates will find that perfect niche that fulfills them and keeps them wanting to go back for more; just as I have. As with all walks of life, if you follow your heart, open your mind, and expand your horizons, you will be driven to your own idea of greatness. I have found that life is a chain of choices. Some are good and some are not, but the trick is to keep on choosing, and make the best of what comes your way.
“Helpless”
By Frances Dunnaway, MSN, RN, CNS, FNP
Dedicated to my husband, who died of a heart attack.

Helpless
I watched you lie there
   Not understanding
They were working over you and around you
   As if you were not there
I was analyzing every move
   Not in order. Not to standards.
   No decency. No personal touch.
“ It doesn’t have to be like this” you said
Broken
   So much is broken!

Twisting, winding, tortuous
   Not accessible
   Starving for life
The experts are helpless – but they try
They are not used to losing – and try again
Hours past
Something is better than nothing
Too much may be a problem

Tomorrow is a mystery
Not enough, is just, not enough.
What if not enough is all we have?
How do we settle when there needs to be more?
A new way – untested, untried
   Different, Unique, Original

Start somewhere and keep trying...

“Time”
By Frances Dunnaway, MSN, RN, CNS, FNP

Time is running out,
   I saw it in your eyes.
What if the moment is lost forever?
What if the good-bye is not permitted?
We have the now,
   And long for forever
What if forever doesn’t come?
We were promised no guarantees.
What if all we have, has been had?
No time for another chance,
Missed moment, forgotten opportunity,
Lost chance,
   Forever.

“Balance”
By Frances Dunnaway, MSN, RN, CNS, FNP

My balance is off,
   I am leaning to one side.
There is a space left open,
   Alone.
You are not here to hold me up,
   To keep me aligned,
   To strengthen my resolve.

How did I become so dependent?
   My other half.
   My rock.
   My completion.
   My wall.

My balance is off.
You are not by my side.
I am alone,
   Vulnerable.
   Scared this might last.
What if there is no tomorrow?
What if today was the day?
   I surrender control.
I know you are ready.
   I am Not!
“Taken By Grace”  
_By Hang Chau, DO ’14_  
_For my Father, Dung Chi Chau (May 11, 1961 to July 14, 2010)_

White water come down  
You wash away sadness with grace  
You bring unaccepted peace  
In Your arm, he dances  
Crowned by your glory, he sings  

On Monday, I cried, I screamed  
And I restlessly left.  
I didn’t spend the time to hear You speak  
I asked and I left  
Had I been listening, would it be any different?  

Could I stand up and say  
I was there for you when you needed me most  
When you reached out  
Eyes wide shut  
And was I there?  

I called, but it was late so I said  
“It’s okay, I’ll let him rest.”  

What I have, I don’t deserve.  
I am frozen. Like your cold hands in mine  
Like your soul undefined  
I pray that you find rest.  
And I will stand waiting  
For the day that we meet again.  

In my heart, there’s a hole  
The size of your waking life  
The presence you filled when you stood  
And when you slept  
In this home, I am safe because of  
Your blood, sweat and tears  

I hope to put wonder to rest  
Because heavenly father  
Will your light shine even brighter.

“That Indescribable Second”  
_By Chris Bernardi, DO ’13_  

That indescribable second before it hits  
The mind pulls the sails taut  
Starboard towards the stars  
…I want her so badly  
Quiet now-  
The hands of the sea melt against the bow  
Not another heart for miles  
Yet the sun beats for hours each day  
The pleasure of warmth on my body  
A momentary bond between nature and I  
…I want her in the worst of ways  
Quiet now-  
The invisible dance of the sea in the sky  
Dissolves into the horizon  
Softens my pain  
My shadow extends; recedes  
No olive branch  
No yellow rose  
…I want her so  
Quiet now-  
Deep burgundy  
Unconscious beauty  
Oh heavenly bodies blanket me  
Keep me warm in her absence  
Keep me warm always  
…I want her so deeply  
Quiet now-  
Her touch rescinds  
Replaced with rain  
Vast grey horizon  
Envelop me in your ashen cloak  
Weep long and hard upon my head  
…I want her  
Quiet now-  
Ah silence  
A colorless dawn  
Blanched of beauty  
Afloat on the empress  
I can see the world  
She beckons so clearly from here  
Tomorrow the winds will change  
For I control them now
“Expanding Horizons for the Student”  
_By Carise E. Charles, DNP ’10_

Expanding one’s horizons means developing a new scheme  
It means giving yourself permission to dream  
It means extending your plans to make that dream come true  
Despite the odds and those who say that your dream is not for you  
It means making new choices, which are tough  
And neglecting voices which say you are not good enough  
Expanding your horizons can mean dealing with fears  
It can mean that you will shed tears  
It may mean that you might suffer and strive  
To reach that dream that will make you come alive  
It will mean sacrifices both big and small  
However, you know that through it all  
It may set you closer to being who you want to be  
It may set you free  
You may find that in the end  
This new horizon is your friend  
It may mean happiness at last  
So, get up, stop crying and get to class

“Growth”  
_By Munira Rahman, DO ’13_

When we expand our minds  
We are inclined  
To take the time  
And help our kind  
As we sit down  
Troubles compound  
Think without frowns  
And answers are found  
Do as we must  
Prepare to bite the dust  
Wash away the tears  
Rid of useless fears  
At the end of the day  
Remember what we may  
We hope and we pray  
For a brighter future to stay

“Sensible Horizon”  
_By Mayur Yadav, PharmD ’13_

In Memory, A Birthday of a Baby  
A Wedding, A Farewell, A 21st maybe  
A Bucks night, A Hens night, Celebrating Divorce  
Christmas or New Year or Passing a Course  
No Matter What Venture, What Journey through Life  
Words From a Loved One, a Child or a Wife  
A Husband, A Colleague, Your Boss or Your Mate  
Reminiscing or Testing — Just Sharing is Great  
There’s no Grander Gift than a Poem from the Heart  
And Coming to me — is sure a great start…
“The High Desert”

By Gina Johnson, DVM ’12

In these groves of dead trees
I like to sit
To look out upon the parched yellow grass
The dry creekbeds
The mountains looming
Chill and gray in the distance.
The trees rise up around me
Brittle black fenceposts
Broken branches jutting out
Teetering back and forth in the wind
That whips through the sagebrush.
Far away are ghosts of other growing things
Twisted and moaning
Split and agonized.
Little hills punctuate the landscape further on
Rollicking across the flatness
Stopping only at the canyon
To devolve into deep valleys.
And I sit here amidst the trees stinking of death
As the heat grows
And the land
Shivers
Contracts
And breathes out.

“Checklist”

By Djamila “Mia” Milton, DPM ’13

I’m going to
See things that haven’t been seen
Go places I’ve only dreamed
Attempt something new
Be inspired to renew
Leave my fears outside
Take the doubtfulness out of my mind
Rejuvenate my life
Expand my horizons

I will
Try to improve
Stand somewhere else to see a new point of view
Stretch my boundaries
Rearrange disappointments into something more outstanding
Fix the problems that impede
Anything trying to bring or keep me down won’t succeed
Negativity will have nothing on me
Expand my horizons

No more drowning in darkness, I found my light
I’ll release the power from inside
Erase those set ways
And rejoice now for what is coming my way

You may not know me, that’s how much I’m going to change
I’m expanding my horizons
Moon Dancer of Hawai'i
INFORMATION FOR AUTHORS AND ARTISTS

Humanism in the Health Sciences (HHS), an award-winning journal of Western University of Health Sciences (WesternU), accepts the work of students, alumni, faculty and staff of WesternU. HHS is managed and edited by WesternU students and faculty. It is published annually and distributed free of charge to interested individuals and institutions worldwide. The next issue is scheduled for publication in May 2012; **deadline for submissions is February 15, 2012.**

HHS publishes essays, short stories, art, photography, poetry, case reports, literature reviews, and letters. All articles are reviewed by the editorial board; content experts review scientific and other appropriate submissions. Stories, articles and essays should be relevant to the theme of the journal, health care practice, or WesternU. Letters to the editor may address new topics or respond to subjects presented in previous issues of HHS.

Manuscripts should be submitted as a Microsoft Word file. Photographs, illustrations and artwork may be submitted in Adobe Photoshop (PSD), Adobe Illustrator (AI), EPS, JPG or TIF format on disc or via email.

Articles and artwork accepted for publication become the property of HHS and Western University of Health Sciences.

To request copies of this or previous editions, please write to: Western University of Health Sciences, ATTN: Publications, 309 E. Second Street, Pomona, CA 91766-1854, call (909) 623-6116, or e-mail: publications@westernu.edu.

_Dalia Nassman, DO ’13 | “Winding Down”_

_Humanism in the Health Sciences © Copyright 2011, Western University of Health Sciences_

**Corrections for the 2010 issue of Humanism in the Health Sciences**

The article “International Medicine: DO students in India” on page 58 was incorrectly attributed to Morgan Faggard, DO ’12, who participated in the trip and provided photos, but did not write the story. The credit for the story goes to Sheetal Patel, DO ’12. The photo “India” on page 49, attributed to Morgan Faggard, should also have been credited to Sheetal Patel.

Chirag Gandhi’s name was misspelled in the list of authors, table of contents and page 49, “Pledge through Tradition.”

Our sincere apologies to Sheetal, Morgan and Chirag for the errors. All errors have been corrected in the electronic version of the magazine which can be found online at http://www.westernu.edu/communications-media
Western University of Health Sciences is a private, non-profit institution of higher learning that offers post-baccalaureate degrees in several health and medical fields. Nearly 3,000 students study to become osteopathic physicians, physical therapists, physician assistants, advanced practice nurses, pharmacists, veterinarians, dentists, podiatrists, optometrists, and researchers. The University is located in the Pomona Valley on 22 acres in the city of Pomona, Calif., 35 miles east of downtown Los Angeles.

For more information regarding WesternU and its programs, visit the University’s Web site at www.westernu.edu.