



## OVERSEAS ADVANCED PHARMACY PRACTICE ROTATION – UNIQUE OPPORTUNITY FOR PERSONAL AND PROFESSIONAL DEVELOPMENT

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The requirement of Pharm D as an entry-level degree for pharmacists in the United States (U.S.) along with the opening of more than 20 new colleges of pharmacy has increased the demand for advanced pharmacy practice rotation (APPR) sites. The opening of three new colleges of pharmacy in Ohio during the past few years has made identifying appropriate sites for APPR quite challenging for the Experiential Coordinators at the University of Findlay College of Pharmacy.

This fact led me to explore the possibility of developing a site for overseas APPRs. To assure appropriate quality, the ACPE requires that all APPRs be conducted under the supervision of a U.S. registered pharmacist. As a licensed pharmacist, I met this requirement. The first challenge was identifying an appropriate site. Because of my Indian heritage and familiarity with India, I focused on India.

Similar to all professionals these days, I began my search by “googling” keywords – “clinical pharmacy” and “India.” I pulled up many (12 or more) references. During my online research, the name G. Parthasarthy appeared multiple times. As I found out, Dr. Parthasarthy was instrumental in starting the first functional and active department of clinical pharmacy practice in India at Jagadguru Sri Shivarathreeshwara (aka JSS hospital) in Mysore, India, where he currently serves as director of the department.

I made a two-day visit to JSS hospital and the JSS University in Mysore during the summer of 2008. Dr. Parthasarthy informed me that he has had regular visitors, both students and faculty, from the United Kingdom and Australia during the past

several years. He said he would be willing to accommodate two students under my supervision from the University of Findlay. Having identified the site, the next challenge was to identify students, who in my college were interested and who had an adventurer’s spirit!

After a few months of effort, two students, Amy Sanchez and LaNikki Thomas were on board. While Ms. Thomas has traveled outside the United States on a few occasions, Ms. Sanchez’s total experience with air travel was a one-hour flight that she took when she was 13!

Four of us, including Mallory Lloyd, who was with us during the first part of our trip (as she was not eligible for APPR), started our adventure on 19 May 2010. Our flight route was – Columbus, Washington, Dubai, Delhi and Bangalore. I was able to use this opportunity to arrange for a two-day visit for my students at the RAS AL Khaimah (RAK) college of pharmacy in the United Arab Emirates. This visit proved an excellent opportunity for a short educational and cultural exchange for my (U of Findlay) students. All of these students, whose only exposure to the Middle East had been learned via major American news networks, were surprised by the architecture, that is, modern skyscrapers and malls they saw in Dubai. They enjoyed Middle Eastern hospitality when they had an opportunity to take a desert safari. All of them took the opportunity to ride a camel.

Next was Delhi, India. This was their first experience to see the world’s largest democracy in action. During the first week, the noise, the crowds, the pollution, and the 115°F heat took a toll on the students. Even visiting the Taj Mahal (one of the seven wonders of the world) in that heat did not provide the much-needed relief! However, this visit gave my students an opportunity to take part in a train ride on the Rajdhani Express that they well appreciated (they had never traveled by train before this experience). Prior to this train ride, they had only experienced train travel at an American zoological park.

We spent the next month in Bangalore, the Silicon Valley of India, providing a more balanced and nuanced perspective of India. We stayed in the well-furnished air-conditioned apartments of Casa Cottages, which are owned by Mrs. Oberoi, a French national. She came to India three decades ago, fell in love with India, married an Indian national, and made India her home. Her place was located in the heart of Bangalore. These students were able to switch back and forth from familiar food (i.e., Pizza Hut, Kentucky Fried Chicken, and McDonald’s) to native food from different regions of India within walking distance. With time, they learned to negotiate the continuous flow of traffic even better than I did. Their volunteer work at the Parikrma Foundation, where we taught the underprivileged children of Bangalore math and English, enabled them to appreciate the material comforts at home. They were very



impressed with how eager these children were to learn and as empathetic as they could be about the children's dire problems of little-to-no food and little-to-no clothing or shoes.

When I dropped Mallory Lloyd at the Bangalore airport on 30 June 2010, she thanked me for providing her with this unique opportunity, and she said she would love to return!

After this one month long acclimatization, we moved to Mysore. We stayed in "Urban Oasis." It was extremely comfortable. Every morning the three of us took an auto rickshaw (three-wheeled vehicle) to JSS hospital. The JSS hospital is a 1,200-bed charity hospital. Unlike U.S. hospitals, (where there usually is a maximum of two patients to a room), general wards in JSS hospital have 35 beds. Patients paid a nominal annual registration fee of less than one dollar per year, and 25 cents for each night they needed a bed (average monthly income for these patients ranged from \$75-150). Patients did not pay additional fees to be seen by the doctor, though both food and medicines were the responsibility of each patient's family or friends.

On ward rounds, the students from the University of Findlay had an opportunity to observe and learn about some tropical and infectious diseases that we hope they will never see in the United States. They noted many cases of insecticide poisoning as farmers were overcome by debt and tried to commit suicide. Even though Mysore has a population of more than one million, we did not see a single gunshot wound patient during our stay. One of the doctors, who had been a veteran at the hospital, mentioned that he did not remember ever treating a patient with a gunshot wound.

Despite the language barrier, both students provided some excellent counseling sessions with the help of the interpreter, and they did notice that their efforts at counseling were greatly appreciated by the patients. When the University of Findlay students made their final case presentation to the Indian students, the completeness of their approach and their extra effort to research patient history and drug usage was noticed by the professor in charge and pointed out to the host students as a model they may consider in their own presentations.

On 30 July 2010, when I dropped Ms Thomas and Ms. Sanchez off at the airport, both students sincerely felt they were leaving a bit of a legacy behind. Chaotic India had won them over, like it has many visitors during past centuries. I hope to see these two young women back in India as preceptors to my future students.

While such Advanced Pharmacy Practice Rotation sites overseas are not a practical way to solve our APPR site shortage in the United States, it is worth pursuing such opportunities when available. As medical tourism becomes more acceptable to Americans as a result of increasing cost and decreasing affordability of medical care in the United States, pharmacists

who have completed an overseas rotation will be more comfortable in making an appropriate recommendation to their patients. This should eventually lead to a better patient outcome.

*A US News and World Report* survey clearly indicates that all leading higher education institutions in the United States are looking for opportunities that can be provided for their students for study abroad. For me, APPR Overseas provides an excellent opportunity in the pharmacy curriculum for students' personal and professional development, the value of which is immeasurable!