

Preceptor Newsletter

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Pharmacy Student Professionalism

As defined by the White Paper on Pharmacy Student Professionalism¹, a professional is one who demonstrates the following traits:

1. Knowledge and skills of a profession
2. Commitment to self-improvement of skills and knowledge
3. Service orientation
4. Pride in the profession
5. Covenantal relationship with the client
6. Creativity and innovation
7. Conscience and trustworthiness
8. Accountability for his/her work
9. Ethically sound decision making
10. Leadership

IPPE and APPE rotations are ideal places to cultivate professional behaviors in students. Several of these traits are best developed while on rotations. Encouraging students to take accountability for their work is a focus of the APPE rotations, as students are encouraged to transition out of "student" mode and into "pharmacist" mode, taking responsibility for appropriate medication therapy, under the guidance of a licensed pharmacist. The

clinical scenarios that students witness on rotations can give them insight into the responsibilities needed to become a successful pharmacist and can help them make this transition.



Creativity, innovation, and leadership can easily be incorporated into an IPPE or APPE rotation by giving students projects to work on that encourage their creative thinking. Pride in the profession and service orientation may also be developed during rotations by providing students with the opportunity to attend professional meetings or events.

Unfortunately, unprofessional behavior does occasionally occur. Examples of unprofessional behavior on rotations include the following:

- Sleeping
- Showing up late / leaving early
- Not completing assign-

ments on time

- Dressing inappropriately
- Behaving disrespectfully with pharmacists, patients, physicians, nurses, etc.
- Showing a lack of commitment to learning
 - Plagiarism

Any issues of this kind should be reported to the school. Plagiarism in particular is taken extremely seriously, and includes using the work of other students.

We have very high expectations of our students, and if problems arise, mechanisms are available to help preceptors deal with difficult students and situations. As always, we appreciate your efforts in helping us train knowledgeable, caring professionals.

References:

1. American Pharmacists Association Academy of Students of Pharmacy – American Association of Colleges of Pharmacy Council of Deans Task Force on Professionalism. White paper on pharmacy student professionalism. *J Am Pharm Assoc.* 2000;40 (1):96-102.

Practice Site Spotlight: A Great Alaskan Adventure



Weekend halibut fishing trip in Homer, Alaska.

Have an idea for a future newsletter item or have a question you would like addressed in a future issue?

Email Mary Bridgeman at mary.bridgeman@pharmacy.rutgers.edu. We are always looking for new ideas!

By Andrew Zullo, 2012 Pharm.D. Candidate

“Esghallghilnguq, Nagaqullghilnguq, Nanghiillghilnguq, Nalluksaghqaq.”

The above is a native Alaska saying that translates to:

“What you do not see, do not hear,

do not experience, you will never really know.”

It is a statement that any Rutgers pharmacy student on advanced practice experiential rotations can easily understand. Our last year of school, since May 2011, has been directed toward nothing other than seeing, hearing, and experiencing the many different types of pharmacy practice that exist across the United States. The ultimate goal of this year has always been clear from the start of our curriculum—to fully understand and truly know the profession of pharmacy. One rotation has undoubtedly brought me closer to accomplishing this goal.

I walked down the long gray-carpeted hallway and emerged into the tiny airport of Anchorage, Alaska. A small native Alaskan culture museum, bear skins, and fish mounted on the airport walls assured me I was in the right place. I had traveled to AK to complete a rotation in Wasilla at Walgreen’s Pharmacy under the direction of Dr. William (Bill) McCormick. Aside from the fact that Wasilla is Sarah Palin’s town of residence, many people had difficulty understanding my motivation behind willingly traveling to a remote, hardship area like AK. The answer is simple—adventure.

Bill and his wife picked me up at the airport and quickly began my orientation to Alaskan culture. In 30 minutes I learned that car inspections do not occur, roads are built on top of

soil that stays frozen all throughout summer, earthquakes are common, and the preparation involved in cooking one of the overwhelming number of fish in Alaska for dinner. Although it was 10 pm when we arrived at my hotel, the sun was still out as though it were 2 pm. Bill explained that I had just missed the longest day of the year, a whopping 19 hours of daylight, a week earlier; the day on which they play “midnight baseball” because the sun is still out at midnight.

Upon starting work in the pharmacy, I was overwhelmed with more information about visiting glaciers, how to fish, the best way to scare off a black bear versus a brown bear, and where to hike. In time, I was able to see many of these great sights, but some of the greatest adventures took place in the pharmacy itself. Alaskan pharmacy law adds few restrictions to federal laws regarding prescription drugs and controlled substances. Additionally, many of the pharmacies have active collaborative practice protocols that allow pharmacists and the students they precept to administer vaccinations to patients. Shortly after I learned this, Bill, syringe in hand, asked me “Would you like to immunize this patient?”, his tone suggesting that he thought it was a good idea. A startled “sure”

and ten minutes later, I found myself in the counseling room designed for immunization administration immunizing a young guy around my age with Menactra® as he prepared to start college in Seattle. His mom stood close by and with a distrustful gaze, questioned, “Have you ever done this before?” I truthfully had, at least a few times through the American Pharmacists Association Immunization Certification Program put on by our Rutgers faculty, so I looked her in the eye and answered

“yes.” However, that was the first time I had ever actually immunized a real patient and I am positive that my anxiety had shown through.

After seeing that I needed more experience, Bill suggested that my Community Outreach Requirement for the School of Pharmacy could be satisfied through an Immunization Clinic in which I administered the vaccines to patients and counseled them. Once the initial shock subsided and I blocked out the questions that arose in my mind like “What if I don’t know what I’m doing?” and “What if I administer it incorrectly?” I agreed. In the weeks leading up to the clinic, Bill and another pharmacist, Piper, diligently made sure that I received plenty of practice and supervision with my immunizations. From Zostavax® to Adacel®, I vaccinated patients with almost every vaccine in stock. Even though I struggled to remember which vaccines were subcutaneous and which were intramuscular, the pharmacists helped me to set up a quality assurance routine that guaranteed the patient got the right dose in the right way.



Now that I have seen, heard, and experienced Alaska for myself, I know that hardship areas in our country can be amazing locations

with lots of opportunities for clinical practice. Furthermore, in areas where health care is difficult to access, the importance of immunizations becomes obvious very quickly because if diseases can be prevented, the limited care available can be equitably distributed to those who need it most—the patients with diseases that are not preventable. Without any reservations, I recommend my rotation in Alaska as a fantastic experience and hope that future students will travel there for their own adventures.

Student Outreach: Community Outreach on a Clinical Rotation

By Anna Sommerfeld and Esther Lee,
2012 Pharm.D. Candidates

The term “clinical rotation” has a stereotype among pharmacy students. To us, it means that we will be doing a lot of work and that we will only work with in-patients in the hospital setting. We are wrong to have these pre-conceptions.

While on our APPE rotation with Dr. Mary Bridgeman at Capital Health Regional Medical Center in Trenton, New Jersey, we had the unique opportunity to participate in “Capital City Market Days”, an annual event for the Trenton-area citizens. Market Days is a street festival that occurs each Thursday throughout the summer months, in which various vendors and local business of the Trenton area come out onto the street to sell their goods and promote their business. One of the annual sponsors of the event is Capital Health Regional Medical Center, who provide medical information and health screening services during each week of this event. Together with the hospital’s current pharmacy residents, Nicholas Friia and Christina Taft, and a Philadelphia College of Pharmacy student, Christopher Ruiz, we represented Capital Health by manning the health information table on Thursday, October 20th. Our goal was to educate patients on the benefits of various vaccines and to encourage patients to receive their annual influenza vaccine. We set up a table in

the middle of the fair and distributed several informational handouts concerning vaccines. We also had a colorful poster to explain more information about vaccine indications, risks and benefits. We additionally answered questions from visitors and helped to put aside fears some individuals expressed regarding vaccination and helped to dispel some common myths and misconceptions surrounding vaccine adverse effects, such as whether the influenza vaccine can cause illness. Although we did not host an immunization clinic as part of this event, we were sure to remind anyone we spoke with to visit their local pharmacy to ask their pharmacist about receiving a flu shot.

Our feedback from the crowd was varied. There were some individuals who were proud to announce that they had already received their flu shot and other patients who reassured us that they would be receiving their vaccine at their local pharmacy in the upcoming weeks. However, there were a few patients who were skeptical of our recommendation and did not understand the importance of the flu vaccine. Some individuals refused to hear about the benefits of the vaccine, insisting instead

that they became sick from receiving the vaccine in the past.

Another topic we discussed with visitors was proper medication storage and the importance of medication compliance. We handed out pill boxes and medication

record cards, and explained the importance of sharing a current, up-to-date list of medications with each physician they might utilize. We encouraged patients to list all of their medica-

tions, vitamins, supplements, and other over-the-counter medications and keep handy in case of an emergency. Many people were eager to listen and were excited to learn more about proper medication storage and health promotion.

All in all, the “Market Days” experience was a good one and something we did not expect to do while on a clinical rotation. We both gained perspective on how much of an impact a hospital’s presence can have when it expands its reach into the community through participation in community events.



Spotlight on the Experiential Staff: Kavitha S. Dalal

Kavitha S. Dalal, Pharm.D., R.Ph., is the new Pharmacy Field Management for the Experiential Program for the Ernest Mario School of Pharmacy. Her role will be to develop and maintain quality off-campus pharmacy practice experiences and relationships at our experiential sites.

Kavitha graduated from the Ernest Mario School of Pharmacy with the Doctorate in Pharmacy in 2004. She continued her education by complet-

ing a residency at Johns Hopkins Bayview Medical Center. Following her residency, she obtained a position as an Internal Medicine Clinical Pharmacist at Capital Health Regional Medical Center. She then moved into the position of Critical Care Clinical Pharmacist at Capital Health, a position she held for several years.

While at Capital Health, Kavitha served as an APPE Preceptor for

pharmacy students from the Philadelphia College of Pharmacy. She is very excited about developing this new position and being part of the Rutgers community.



IMPORTANT DATES FOR THE 2011-2012 ACADEMIC YEAR

DECEMBER 4-8 ASHP MIDYEAR CLINICAL MEETING

NOTE: Students are excused for 3 days if attending the ASHP Midyear Clinical Meeting. If neither you nor the students are attending, Cycle 6 may be finished on December 16. Otherwise, Cycle 6 ends on December 23. Students are **not** excused from rotation the Friday before Midyear (December 2).

DECEMBER 16 END OF APPE CYCLE 6 (*students/preceptors **NOT** attending Mid-year*)

DECEMBER 21 END OF APPE CYCLE 6 (*students/preceptors **ATTENDING** Midyear*)

DEC 22-JAN 1 WINTER BREAK—NO ROTATIONS

JANUARY 2 APPE CYCLE 7 BEGINS

FEBRUARY 3 END OF CYCLE 7, please submit grades by February 10

FEBRUARY 6 APPE CYCLE 8 BEGINS

*FEBRUARY 7 AMERICAN PHARMACISTS ASSOCIATION/
ACADEMY OF STUDENT PHARMACISTS CAREER
FAIR, ERNEST MARIO SCHOOL OF PHARMACY*

MARCH 9 END OF CYCLE 8, please submit grades by March 16

*MARCH 12-16 POST-REFLECTION EVALUATION AND PREPARATION
SEMINAR (PREP WEEK) AND NAPLEX REVIEW,
ERNEST MARIO SCHOOL OF PHARMACY*

MARCH 19-23 SPRING BREAK—NO ROTATIONS

MARCH 26 APPE CYCLE 9 BEGINS

APRIL 27 END OF CYCLE 9, please submit grades by May 4

MAY 14 *ERNEST MARIO SCHOOL OF PHARMACY GRADUATION*

**** Regarding holidays (i.e., Memorial Day, Fourth of July, Labor Day, etc.) students may not report to the rotation site at the discretion of the preceptors. Hours missed must be made up to acquire 200 hours needed for each rotation. ****

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Patient Education Project: Jeopardy! Medication Trivia Game

By Laurie Wade, 2012 Pharm.D. Candidate

Patient counseling is usually thought of as an activity that happens over the counter of a community pharmacy, or cursorily at the bedside of a patient in a hospital. The opportunity for patient contact and education in nontraditional environments is a valuable experience for a pharmacy student during rotations.

While on a clinical psychiatry rotation with Dr. Mei Liu at Princeton House Behavioral Health, I got to observe one such situation: the weekly medication group. This is an open-forum discussion between a group of inpatients and a pharmacist facilitator about drug therapy. During this forum, patients are provided information and may also ask questions, express concerns, and get individualized advice. It allows the pharmacist to be more accessible to the patients and gives them the chance to stay informed. For this rotation, my co-students and I were assigned to create a Jeopardy-style trivia game to use during medication group.

We worked in tandem to choose five categories related to mental health and then created five questions per topic, choosing items with relevant counseling points upon which we could elaborate. The Jeopardy board served as a springboard for discussion. Being novices at running a patient education group, the game show format allowed us structure to steer the dialogue. It also encouraged group participation and friendly competition, which enhanced the experience for the patients. After each question was selected and answered correctly, we were able to segue easily into the various counseling points and elaborate about that drug or class of drugs, including diet-drug interactions, serum drug level monitoring, and side effects.

The value of the Jeopardy medication group activity for us as students was manifold. It was a great way to practice patient communication skills and hone our ability to condense compli-

cated information into explanations digestible to the layperson through avoidance of medical terminology. It gave our preceptor the ability to evaluate our communication skills in a real-world setting, as it more accurately mimicked the unpredictable



conditions of most patient counseling. The activity reinforced

the importance of patient education and the pharmacist's role in providing it. Patients who are informed are better equipped to avoid interactions, be compliant, and get the most benefit from their drug therapy. Participants approached us after the session to candidly express their gratitude for our involvement in their treatment. The ability to see our effort making a difference in someone's health is the most influential part of our training, as it reminds us that patient care is our first priority.