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“Joining Forces” Collaboration Event: A Pharmacy Student’s Experience

By Daniel Kim,
PharmD, Class of 2014

Through the rotations I have experienced during my final year of pharmacy school, I have discovered that patient interaction is something I truly enjoy. I believe meeting with patients and having the opportunity to learn more about them is important not only for their treatment, but for furthering the profession as well. Thus, I was eager to attend the Joining Forces event because I would be able to learn about the experiences of military personnel in the context of a healthcare provider.

The day of the event began with a large gathering of both the pharmacy and medical schools, as well as veterans and their families. We were introduced to the Joining Forces initiative and its mission of increasing healthcare providers’ awareness and understanding of the needs of military personnel, veterans, and their families. We then learned more about the military culture, including a better understanding of veterans. The audience was informed about some of the issues military personnel face during combat and even upon discharge, such as post-traumatic stress disorder (PTSD) and transitioning back to civilian life. The burden and the sacrifices that the family members endure were also explored. I noticed that many in the audience were also not as familiar with this information when the speaker polled the audience for those that had a personal relationship to someone in the military. This evidenced the need for these types of programs which are dedicated to an underserved population.

The following portion of the event informed the audience about common injuries and disorders related to serving in the armed forces. The session I found most interesting was a moderated roundtable discussion by active and former military personnel.

The military panel shared their own stories and we were given a glimpse into their lives. They spoke of the many times they found themselves in dangerous and traumatic situations and how it affected them both in the past and currently. They then recounted their personal experiences with healthcare professionals. There was one particularly memorable account from a veteran who recalled how he was treated. He felt as though his physician was indifferent and that he was not being understood. He went on to urge healthcare providers to try to understand the nature of these patients.

The afternoon continued in divided group sessions that consisted of several pharmacy school students and faculty paired with their medical school counterparts. A veteran was also present in our group to share her experiences and answer any questions. This smaller setting allowed us to collaborate and role-play different hypothetical scenarios. I felt this was incredibly valuable not only because it was a means to practice counseling this population, but it was also a chance to view the relationship with a healthcare provider from the patient’s perspective. With this new perspective, along with the veterans’ advice, I began to appreciate the need for a different approach to these patients.



Panel discussion with veterans and family members

The day came to an end and I had started to gain a greater appreciation for those in the military. I realized I had not previously thought about the additional considerations for a military veteran patient. I learned the importance of asking patients, “Have you ever served in the military?” and how their answer should then affect their treatment. This event was a reminder to be more cognizant of a population’s particular needs and that to effectively treat patients, it is necessary to understand them. I am grateful to have had the opportunity to become more familiar with this patient population and I look forward to applying what I learned in the future.

Faculty coordinators of the Joining Forces Event include:

Mary Wagner, PharmD, MS

Mei Liu, PharmD, BCPP

Megan Maroney, PharmD, BCPP

Indian Health Service (IHS): A Journey to the Navajo Nation

Abhay Patel, PharmD Candidate, 2014

As the plane began its final descent into the Phoenix area, I looked out the window and saw what appeared to be miles of open landscape, as far as the eyes could see. Gone were the densely packed blocks of homes and shops and winding highways. Skylines were replaced with mountains and rock formations, free of modern development. I knew that I was no longer in New Jersey.

The ambulatory care rotation at the IHS Kayenta Health Center in Arizona was an eye opening experience. After landing in Phoenix and picking up a rental car, my classmates and I began our drive to north-east Arizona, known as the Navajo Nation. The 300-mile journey was a rude awakening to just how isolated we would be. As we drove, the highways became fewer, the roads became narrower, and our cell service began to roam, with long stretches of “no service.” Just when we could not drive any longer, our car climbed one last hill and we saw a town—probably the largest complex of buildings we had seen in 300 miles—and were greeted by signs that welcomed us to Kayenta. We were not sure how we would adapt to life in a trailer with no internet or television, and limited cell service, while being over 90 miles from the nearest big-box grocery store.

Despite our initial concerns, our experience in Kayenta was beyond our expectations. The rotation allowed us to learn



the operational functions of the pharmacy, but also to apply our knowledge and skills in new ways. The IHS rotation challenged my communication skills by placing me in a region with different lifestyles, cultural practices, and language. We counseled patients who only spoke Navajo on every first-fill medication in a dedicated counseling room. Fortunately, the technicians were able to translate for us, and we even learned bits of the language in the process.

To broaden our experience, we were able to take part in shadowing opportunities each week, allowing us to better understand life on the reservation. We worked with environmental health officers, diabetes educators, nutrition specialists, infection control, pediatricians, emergency medicine physicians, and home-visit nurses. I also put my immunization knowledge to the test, participating in my first immunization clinic and personally administering 17 immunizations.

The practice model at IHS uses the pharmacist as the medication expert, with most patients arriving at the window with no prior education of their medication from their visit with the doctor. The pharmacist is expected to review the full medication profile and clearly explain the medication’s name and purpose, administration information, and potential side effects. What makes this ambulatory care scene different from others we have been exposed to was the generous amount of time spent with each patient to gauge their understanding and answer their questions. This practice model is unique, but its elements can be applied wherever I go, regardless of geography.

Healthcare is not as accessible in Kayenta as it is in other regions of the country—patients travel as many as 45 miles to get to the clinic, and may need to be airlifted to larger hospitals over 80 miles away for emergency treatment—and this impacts their medications. The fact that many

homes in more distant areas of the reservation still have no electricity or running water further complicates care for many individuals. Additionally, modern medicine must be balanced with strong cultural beliefs and traditional remedies to achieve the best patient outcomes.

This rotation helped me understand not only the challenges of providing healthcare on a reservation, but also the beauty of simplicity and resourcefulness. By the time the rotation was complete, we had learned about a whole new way of life, participated in local functions and activities, hiked numerous national parks, accrued nearly 5,000 miles on our rental car, and truly gained an appreciation for the things in life that we continually take for granted. I have returned from this rotation with new experiences and memories, new friends and colleagues, and a positive outlook on my future and the future of the profession.

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As I continue through my remaining rotations and decide the direction of my career, I remember all of the lessons learned at IHS and will apply them to my role as a pharmacist. IHS is a rotation that one truly should experience in order to appreciate, and I look forward to returning to Kayenta and visiting my colleagues in the Navajo nation again very soon.

PRECEPTOR NEWSLETTER

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

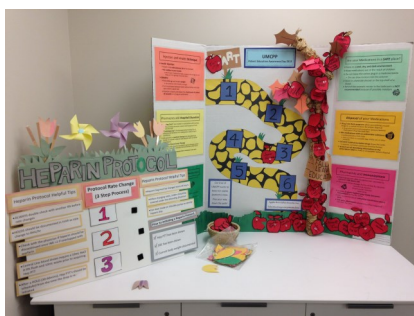
Email Tim Reilly at tjreilly@pharmacy.rutgers.edu. We are always looking for new ideas!

A Student's View of Nursing Education

By Jorge Jeria, PharmD Candidate, 2014

So far, I have discovered that each Advanced Pharmacy Practice Experience (APPE) that I have participated in has come with new opportunities and ways for me to expand professionally. My APPE at University Medical Center at Princeton in Plainsboro (UMCPP) with Danielle Candelario, PharmD, BCPS was my first clinical rotation, and filled with new experiences. On almost every clinical rotation there are several journal clubs, seminars, and patient presentations assigned. However, around week 5, Dr. Candelario asked me and my fellow student to represent the Pharmacy department at nursing education day.

At Princeton, nursing education day is an all-day event that happens quarterly, where nurses from every department visit various booths and do quick refreshers on several topics that are relevant to nursing practice; this is required by several regulatory bodies and



helps improve the care that is provided to patients. At each booth, nurses are then required to get a signature from each station that they visit, sort of like a passport stamp. Because administering medications is such a large part of a nurse's job and is error-prone, there is always a booth on medications.

At nursing education fairs, pharmacy generally picks timely topics related to medication use, such as patient education or high risk medications. For this particular fair, Pharmacy chose to provide education on anticoagulants, because they are considered a high risk medication by the Institute for Safe Medication Practices, as well as some other organizations. Dr. Candelario worked with us to develop a quick, five-question, multiple choice exercise that would allow us to educate nurses on the safe use of anticoagulants, new anticoagulant medications with unique mechanisms of actions such as rivaroxaban (Xarelto) and apixaban (Eliquis), and an overview of the UMCPP heparin dosing protocol,

which is administered by nurses with the assistance of pharmacy.

To prepare for the day, we reviewed the hospital heparin protocols, and carefully looked over and discussed in detail some of the questions that might come up regarding the use of the newer anticoagulants, such as half-life and bleeding issues. Since this was an all-day event, the other student and I worked out different shifts in order to cover the event. Nurses from each department asked many questions that specifically related to their practice setting.

Participating in this skills fair was a very unique teaching experience, both for myself and the other student as well as the nurses who participated. I enjoyed working with nurses, educating them about new anticoagulants and working with them to answer specific questions for the use of anticoagulants based on what department they worked in. It is said that you don't truly understand something until you teach it to others, and this was definitely the case with the skills fair!

Meet New Staff in the Experiential Program

Janice Allunario, BSP Pharm., RPh, joined Ernest Mario School of Pharmacy in September 2013 as the new Pharmacy Field Manager for the Experiential Program.

One of Janice's primary responsibilities will be managing rotation site visits at experiential practice settings. In her role, she will play an integral part in supporting, developing, and expanding practice experiences.

Janice brings a wealth of knowledge to the Experiential Program with over 20 years of pharmacy experience in performance improvement, regulatory compliance, medication safety, pharmacy automation, hospital pharmacy management,

home infusion, community practice, and pharmacy consulting. She has a background in developing and implementing clinical pharmacy and residency programs and served as a preceptor for EMSOP IPPE and APPE students for several years.

Janice, who is an alumni, is very excited about joining EMSOP in her new role and looks forward to working with preceptors to ensure open communication and highly successful learning experiences.

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Important Dates for the 2014-2015 Academic Year

2014-2015 APPE Rotation Schedule (includes holidays)

- Cycle 1:** May 26th to June 27th, 2014 (*Memorial Day May 26th*)
- Cycle 2:** June 30th to August 1st, 2014 (*Independence Day July 4th*)
- Cycle 3:** August 4th to September 5th, 2014 (*Labor Day Sept 1st*)
- Cycle 4:** September 8th 2014 to October 10th, 2014
- Cycle 5:** October 13th to November 14th, 2014
- Cycle 6:** November 17th to December 19th, 2014 (*Thanksgiving holiday: November 27-28th Students Off*)
- NOTE– Cycle 6- if student takes 3 days off to attend ASHP Midyear, then the student should make up the 3 days

ASHP Midyear Clinical Meeting December 7, 2014 to December 11, 2014

- Cycle 7:** January 5th to February 6th, 2015 (*New Year's Day Jan 1st*)
- Cycle 8:** February 9th to March 13th, 2015
- Cycle 9:** March 30th to May 1st, 2015

**** Holidays** (*Memorial Day, Fourth of July, Labor Day, etc.*) students may or 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. **

2014-2015 IPPE Community/Hospital Rotation Schedule

- Cycle 1:** May 26th to June 20th 2014
- Cycle 2:** June 30th to July 25, 2014
- Cycle 3:** August 4th to August 29, 2014