

## Preceptor Newsletter

FALL 2019

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## Preceptor Spotlight: *Semmie Durrani, PharmD, BCACP*



Originally from Chester, New Jersey, Dr. Durrani completed his Doctorate of Pharmacy degree at MCPHS University in Boston, Massachusetts. After graduation he then completed his PGY-1 Pharmacy Practice residency with

MCPHS University and Atrius Health. Following his residency, Dr. Durrani pursued a role as a Population Health Clinical Pharmacist with BayCare Health Systems in Clearwater, Florida. Most recently, he returned to New Jersey where he currently works as a Population Health Clinical Pharmacist for Hunterdon Healthcare System.

### ***Why did you choose to pursue a career in pharmacy?***

I was always interested in the field of pharmacy from a young age, because my uncle owned his own independent pharmacy in upstate New York. During the summer I would go visit and was fascinated by the hustle and bustle of the employees preparing medications. I was also confident pharmacy would be a good fit for me because of my interest in math and science.

### ***Why did you pursue population health?***

During pharmacy school I made the decision to pursue an ambulatory care pharmacy practice residency. This was heavily influenced by the great experience I had during my ambulatory care APPE rotation. After completion of my residency, a position was available in population health and it offered opportunities similar to those which I was involved with during residency. The population health team was just starting at the time

so it was exciting to get in at the ground floor and help build up the program.

### ***What is population health? How is this different from ambulatory care?***

Population health pharmacy is very similar to ambulatory care, with the major difference being the setting in which pharmacists work with a patient. Typically population health pharmacists work with patients remotely, via telephone, in order to reach a larger number of patients. The objective is to impact as much positive change possible over a large population of patients. The interventions made by the population health pharmacist are identified using data provided by insurance companies or internal reporting. I am fortunate enough where I have the opportunity to practice population health, in addition to working in an ambulatory care clinic weekly.

### ***What are some of your daily tasks?***

I work with quality reports provided to the organization from insurance. This directs me to the patients who have potential gaps in care and would benefit from clinical pharmacist interventions. Additionally, I work in a primary care clinic where I offer disease state/medication education to patients and assist them obtain their medications.

### ***What is the most rewarding aspect of your job?***

The most rewarding part of my job is seeing the moment when the light bulb turns on in the patient's head and they understand the education you are providing to them. Especially when I follow-up with the patient and they remember the conversation, that feels good.

## From Classroom to Bedside: The Transition into APPEs & The Role of Simulation Labs in Pharmacy Education

Exiting the pharmacy building after the last P3 final marks both an end and a beginning. It is the conclusion to the didactic portion of a pharmacy student's collegiate years and the start of the next chapter. The countless hours spent inside and outside the classroom culminated to this moment—would excelling in an academic environment transcend into the clinical setting? Pharmacy school provides the student the opportunity to develop the academic and time management skills necessary for success. Academic courses provide the content for a strong knowledge base, although learners have modest exposure to clinical experience. Often times, the first day of the advanced pharmacy practice experience (APPE) exposes the daunting reality students describe as clinical inexperience. Following completion of their first APPE cycle, Tim and Andrew describe their transition from classroom to clinical setting.

Although didactics are essential means to understanding the basics of pharmacotherapy, they do not always capture the full complexities of therapeutic decision making. While pharmacy school provided us the knowledge necessary to think both critically and clinically, APPE rotations have exposed us to an entirely different learning field. Healthcare professionals routinely rely on pharmacists for drug information. It is essential a pharmacist can provide high-quality, evidence-based recommendations. Knowing drug name, dose and indication for use are minute components of a pharmacist's knowledge base. Pharmacists must also have a strong understanding of primary literature and clinical practice guidelines. Furthermore, the ability to convey drug information clearly and concisely is crucial. Effective verbal and written communication skills allow a pharmacist to actively contribute to the multidisciplinary team. Building our capability for succinct study recapitulation, as well as strengthening our capacity to impart explicit recommendations, arose as key steps in our growth as student pharmacists.

In addition to the limitations of didactic teaching, exams do not have the capacity to reinforce all necessary knowledge. Exams evaluating disease states and their respective therapies can assist in determining a student's baseline understanding but fail to measure a student's ability to apply that same information to a multifaceted patient case. Management of a complex patient requires thorough consideration of therapeutic options so nuanced that it cannot be adequately tested within the confines of a multiple-choice question. This inevitable pitfall of classroom instruction leads many students to seek out a more realistic simulation experience offered in elective courses. Simulations, in combination with traditional didactic teaching, can enhance student learning by introducing complex clinical cases resembling real-life scenarios. This experiential learning instills essential skills and qualities students refine as they prepare to become confident clinicians. Following our time in simulation courses, we as students have found ourselves more competent. We can communicate compendious recommendations meanwhile ensuring we address complex issues experienced by patients. Simulations provide a foundation of communication, teamwork, multitasking, and problem-solving skills necessary for success on rotations and beyond.



Featured: Tin Le, Lana Mudarris, Ashley Job, Harsh Talati, Diana Roskova, Parth Vaidya

In the end, APPEs play a major role in the progression of student pharmacists as they approach graduation. The rapid transition from classroom to clinical setting, however, still requires amelioration which can be achieved through expanding the use of simulation. Simulation experiences broaden the narrow scope of didactic instruction by introducing students to intricate clinical scenarios. Students also learn valuable communication and teamwork skills which drive optimal patient outcomes in real world settings. Further implementation of experiential learning into the pharmacy curriculum, will allow students to enter APPE year highly prepared and self-assured in their clinical decision-making capabilities.

**Timothy Amin & Andrew Scott PharmD Candidates 2020**

## What's SUP? Say Goodbye to Stress Ulcers

Stress ulcers are mucosal erosions, typically located in upper gastrointestinal tract (GI) tract, that are secondary to various severe pathological conditions resulting from impaired mucosal defense and mucosal ischemia. Historical data has shown a very high prevalence of stress-related gastric mucosal ulceration in critically ill patients, however, more current data suggests that asymptomatic ulceration may be inconsequential. Of those with stress ulcers who bleed (~5-25%), a smaller percent have clinically significant bleeds (~1-6%) which increases patients' risk of mortality. Current literature recommends SUP primarily in patients with high risk for GI bleed. What is considered high risk is not widely accepted, but patient characteristics that are commonly implicated are listed in the chart. There has been numerous other risk factors linked to stress ulcers, such as antiplatelet therapy and renal dysfunction, but many of them have not been shown to be clinically relevant and prophylaxis efficacy has not been universally demonstrated.

Mechanical ventilation $\geq$ 48 hours	History of GI ulceration or GI bleeding within the past year
Coagulopathy: <ul style="list-style-type: none"> <li>◆ Platelet count <math>&lt;50,000 /m^3</math></li> <li>◆ Elevated INR <math>&gt;1.5</math></li> <li>◆ PTT <math>&gt; 2</math> times the control value</li> </ul>	Any TWO of the following <ul style="list-style-type: none"> <li>◆ Sepsis</li> <li>◆ ICU stay <math>&gt;7</math> days</li> <li>◆ Occult bleeding for <math>&gt; 6</math> days</li> <li>◆ High dose steroids with a daily dose <math>&gt;250</math> mg hydrocortisone or equivalent</li> </ul>
Traumatic spinal cord injury	Traumatic brain injury
Burn injury $\geq 35\%$ BSA	Renal replacement therapy

Common agents for SUP in the ICU include IV pantoprazole and IV famotidine due to frequent NPO status of patients (With recent shortages, IV pantoprazole is typically only reserved for active GI bleeds). Administering SUP agents has become routine practice, especially in the ICU setting. Subsequently, rampant over-prescribing has led to unnecessary health care cost up to \$2200 per month. However, there is a need to recognize inappropriate stress ulcer prophylaxis due to long term complications such as nosocomial infections such as C. difficile-associated diarrhea and pneumonia. Randomized controlled trials to elucidate the risks vs. the benefits of using SUP are still under way. The ambiguity of whether to administer SUP or not may be alleviated when ASHP publish an update to the 1999 guideline Gastrointestinal Stress Ulcer Prophylaxis in early 2021.

**Zachary Fetske & Min Gi Park**  
PharmD Candidates 2020

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

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## NJSHP Annual Meeting: College Bowl!

Congratulations to 1st Place Winners from Rutgers University: Mika Dy Tioco, Charis Oh, Terry Seong, Peter Lan at the 2019 New Jersey Society of Health System Pharmacists (NJSHP) Annual Meeting. Join NJSHP benefit from educational programs, networking meetings, continuing education credits and student scholarship.

Ashmi A. Philips, PharmD, AAHIVP  
Rani Madduri, PharmD, BCPS, AAHIVP

### APPE Rotation Schedule 2020 – 2021

<b>Cycle 1</b>	(5/25/2020 – 6/26/2020) Memorial Day 5/25 ( <i>IPPE End 6/19/20</i> )
<b>Cycle 2</b>	(6/29/2020 – 7/31/2020) Independence Day 7/4 ( <i>IPPE End 7/24/20</i> )
<b>Cycle 3</b>	(8/3/2020 – 9/4/2020) ( <i>IPPE End 8/28/20</i> )
<b>Cycle 4</b>	(9/7/2020 – 10/9/2020) Labor Day 9/7
<b>Cycle 5</b>	(10/12/2020 – 11/13/2020)
<b>Cycle 6</b>	(11/16/2020 – 12/18/2020) Thanksgiving 11/26 / Midyear 12/6—12/10 *
<b>Cycle 7</b>	(1/4/2021 – 2/5/2021)
<b>Cycle 8</b>	(2/8/2021 – 3/12/2021)
<b>PREP WEEK</b>	(3/15/2021 - 3/19/2021)
<b>Spring Break</b>	(3/22/2021 - 3/26/2021)
<b>Cycle 9</b>	(3/29/2021 – 4/30/2021)

***Students are instructed to have personal discussions with their preceptor on schedule conflicts. Students are not to assume they are NOT to report to an assigned rotation site on a specific holiday date and must notify their preceptor and the School of Pharmacy of ANY absences as per the EMSOP Absence Policy. Any missed time from rotation is expected to be made up so as preceptor may sign off for 200 hours for rotation.***

### ASHP Midyear Clinical Meeting New Orleans, LA December 6-10, 2020 \*

For this academic year, we will consider allowing students 3-4 days for the ASHP meeting that will take place in New Orleans, LA. Some students may need the extended time to present posters/publications. Therefore, cycle 6 rotation will end based on a determined date set by the faculty or adjunct preceptor after a personal discussion takes place and is agreed upon by the faculty/adjunct preceptor and the student. Faculty and adjunct preceptor will determine the number of hours considered to be interchangeable and appropriate with rotation hours. For students not attending ASHP Meeting, cycle 6 ends as scheduled on Dec. 18th.

## Rutgers Pharmacy Residency & Fellowship Showcase

The annual Ernest Mario School of Pharmacy Residency and Fellowship Showcase will be held on **Friday, September 27<sup>th</sup>** at the Busch Campus Center (Multipurpose Room) from **11:00 a.m. to 1:30 p.m.** We have the capacity to host 50 programs therefore, registration will be on a first come first serve basis. A list of programs is available on page 6.



For additional information please contact the following:

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## Upcoming Events

These future events provide current students, residents and fellows the opportunity to interact with a variety of different residency and fellowship programs:

- ◆ **Rutgers Fellowship Information and Networking Day (FIND)**
  - ◆ Date: November 20<sup>th</sup>
  - ◆ Time: 2:30 pm—8 pm
  - ◆ Location: Ernest Mario School of Pharmacy
- ◆ **ASHP 54<sup>th</sup> Annual Clinical Meeting and Exhibition**
  - ◆ Dates: December 8—12<sup>th</sup>
  - ◆ Location: Las Vegas, Nevada

**SAVE THE DATE: October 10<sup>th</sup>, 2019 8 am —1 pm**

### Complementary Preceptor CE Program from Preceptors

Preceptor Development Program: Tools for Effective Pharmacy Practice & Entrustable Professional Activities for Pharmacists

## Rutgers Pharmacy Residency & Fellowship Showcase September 27<sup>th</sup>

Several institutions and companies from the area (PA, NY, & NJ) will be here to showcase their programs, including hospital, community, managed care, medical writing, and pharmaceutical industry. Programs that will be in attendance are listed below:

Alnylam Pharmaceuticals and Northeastern University Fellowship	MedVal Scientific Information Services & PharmaWrite
Atlantic Health System	Monmouth Medical Center
AtlantiCare Regional Medical Center	Montefiore Medical Center
Boehringer Ingelheim	Mount Sinai St. Luke's and West
Bronx Lebanon Care Health System	New York -Presbyterian Brooklyn-Methodist Hospital
Cape Regional Medical Center	New York Presbyterian Hospital
Capital Health	Newark Beth Israel Medical Center
Clara Mass Medical Center	Northwell Health – Vivo Health Pharmacy
Community Medical Center	Novo Nordisk
CVS Specialty Pharmacy Residency	Ocean Medical Center
Englewood Hospital and Medical Center	Penn Medicine Princeton Medical Center
Fidelis Care New York	Penn Presbyterian Medical Center
Hackensack University Medical Center	Pennsylvania Hospital
Health Trust PGY 2 Corporate Leadership	Perform Rx
Healthfirst	Robert Wood Johnson- Somerset
Horizon NJ Health Pharmacy Services	Robert Wood Johnson University Hospital – New Brunswick
Hunterdon Medical Center	
Inspira Medical Center Vineland	Rutgers Pharmaceutical Industry Fellowship Program
James J Peters VA Medical Center	Saint Barnabas Medical Center
Jersey City Medical Center	St. John's University Fellowship Program
Jersey Shore Medical Center	St. Joseph's Healthcare System
JFK Medical Center	St. Luke's University Health Network
Kingbrook Jewish Medical Center	St. Mary's Medical Center
Lenox Hill Hospital	St. Peters University Hospital
Long Island University at The Brooklyn Hospital Center	SUNY Downstate Medical Center
Long Island University Fellowship Program	Temple University Hospital