Interprofessional Education: American Medical Association Home Visit Project

By: Judah Brown & James Young, PharmD Candidates 2017

In conjunction with Robert Wood Johnson Medical School, Rutgers Schools of Nursing, Health Professions, Social Work, Pharmacy, and the American Medical Association, student healthcare professionals have been participating in a collaborative effort to provide multidisciplinary care to patients within the Robert Wood Johnson Partners Accountable Care Organization (ACO) as part of an interprofessional education initiative. The project consists of teams of student physicians, pharmacists, nurses, physician assistants, and social workers making home visits to patients with multiple chronic conditions. The goals of the project include developing provider communication, collaboration, and education skills to increase health confidence of ACO patients while optimizing health at home. Additionally, the project strives to increase the exposure of students to patient/caregiver experiences in terms of preventative health and managing multiple health and social issues. Specifically, students within the Ernest Mario School of Pharmacy (EMSOP) act as student pharmacists to provide thorough evaluations of pharmacotherapy along with counseling on proper medication administration and adherence. Finally, EMSOP students work collaboratively to ensure all aspects of patient care are being met with other student clinicians.

By: Judah Brown

Healthcare and healthcare education have been continually moving towards a collaborative team approach with practitioners who have varying areas of expertise. As a student pharmacist participating in the home visit project, I have been afforded the opportunity to interact with clinicians from other disciplines. My team is composed of medical students who perform assessments of the patient’s physical and mental status, a social work student who assesses barriers to medical care and finds providers within the patient’s insurance coverage, and a physician assistant student who performs housing safety checks to ensure that the patient’s living environment is appropriate for her current health conditions. My role as the pharmacy student has been to counsel the patient on the uses of her medications. I was also heavily involved in optimizing therapy and working in conjunction with the patient’s primary care provider to discontinue medications to which the patient has been intolerant. Overall, the team works cohesively to provide comprehensive patient care and learns from each other’s area of expertise. The most rewarding part of the program is being able to directly work with patients to improve their care while enhancing my own knowledge of the healthcare field.

By: James Young

Since participating in the AMA home visit project initiative, my team has made monthly visits to our patient’s apartment allowing us to build a close relationship with her. As an interprofessional team, each member voices his or her expertise from their respective fields providing a holistic approach to healthcare. In particular, our patient has chronic conditions affecting her everyday quality of life. As a pharmacy student, I provide medication education to my patient, her family, and to my team and demonstrate the value of the pharmacist’s role. While I serve as resource to my team and patient, I also gain valuable insight from other professionals. For example, the medical student evaluated our patient’s mobility and sleep difficulties. Afterwards, the student social worker suggested lifestyle changes and I made medication recommendations to help resolve her problems. Together, we synergize each others’ efforts providing a more complete management of her chronic conditions. This initiative toward collaboration between healthcare professionals demonstrates how each role will work together, which can vary from team to team depending on the patient’s need. Overall, this opportunity allows us to work alongside the patient leading to improved healthcare outcomes and presents a platform for pharmacy students to advocate for the clinical services they can provide.
As a Knight Scholar, the opportunities and experiences that we encounter day to day are endless. At Hunterdon Medical Center, we have the opportunity to complete four rotations, Internal Medicine, Ambulatory Care, Infectious Diseases, and Hospital Practice and Administration. During the internal medicine rotation with Dr. Philips, we attended daily rounds in the ICU with the medical team, where we constantly made recommendations and interventions. Additionally, while on the ambulatory care rotation with Dr. Nguyen, we developed our counseling skills for chronic disease states and had the opportunity to collaborate with one of the providers in the outpatient setting to conduct a retrospective analysis on diabetes medications. While on our infectious diseases rotation with Dr. Madduri, we attended morning report with the medical team, delved into a patient’s treatment plan of their infection, and made recommendations from an infectious diseases perspective. Lastly, while on the hospital practice and administration rotation with Dr. Patel, we performed IV to oral step-down reviews daily based on the institution’s protocol, and we mapped out the Pyxis™ machines within the hospital.

Some may view doing four out of eight cycles at one hospital as limiting because they limit their exposure to other hospital systems; however, being based at one site is a huge advantage. It is reflective of both residencies and fellowships, which are one to two year commitments within a hospital or company. Likewise, the program allows us to minimize the transition time that it would take to get your bearings in a hospital and learn the system. Instead, we are able to jump seamlessly into our next rotation. This allows us to take on more projects in addition to our longitudinal research project. Furthermore, the Knight Scholar program allows us to establish relationships with our preceptors on both a professional and personal basis. We are very fortunate of the strong emphasis they place on preparedness for postgraduate training. Preceptors are able to observe growth from the beginning of students’ APPE rotations and can better elucidate strengths and weaknesses to help further develop pertinent skills. During our didactic years, the emphasis is on pharmaceutical therapeutics, but we are not exposed to the other disciplines involved in healthcare. Every rotation we are meeting with different members of the medical team which gives us a better understanding of the pertinence of interdisciplinary involvement required in healthcare. Being in one institution for five months has allowed us to develop connections within the hospital, from long-stay patients, medical and pharmacy residents and physicians, to the medical librarian.

Throughout our rotations we complete our day to day rotation functions, which vary depending on the specific rotation. On each clinical rotation, we present one journal club and one patient case to our preceptors, residents, and fellow IPPE and APPE students. Additionally, we complete longitudinal and scholarly activities. These activities include completing a clinical or practice based research project as well as a service project with our fellow Knight Scholars from other institutions. We also have the opportunity to mentor and assist incoming IPPE and APPE students by familiar-
“This program has helped me develop the clinical, time management, and presentation skills necessary for success in residency. Moreover, the Knight Scholar team has helped me establish and build the professionalism and confidence that are applicable for success in any field. As my time at Hunterdon comes to a close, I know I will miss all the relationships I have made.”

-Maria Fidelis “Elise” Romero

Marina Shahat
Maria Fidelis “Elise” Romero
PharmD Candidates, Class of 2017

Pharmacy Residency & Fellowship Showcase

The annual Ernest Mario School of Pharmacy Residency and Fellowship Showcase was held on Friday, October 7th at the Busch Campus Center, Rutgers University. We had an excellent turnout with about 50 programs and over a 100 P4 students in attendance. This showcase served as a great opportunity for potential candidates to gain more information about residency and fellowship programs and the experiences that they offer. We look forward to hosting the event again next year!

Pooja Shah, PharmD, BCPPS & Ashmi Philips, PharmD, AAHIVP
On June 8, 2016, the event was held in the atrium of the Robert Wood Johnson University Hospital (RWJUH) campus in New Brunswick, New Jersey. Everyone was invited to participate, including students, employees from all departments, members of the medical staff, and even visitors! The purpose of the event was to raise awareness, primarily for employees and clinical staff members, regarding resources available to help provide a positive experience for hospitalized older adults. Participants navigated through six different educational stations, which required completion of a learning activity at each to receive a raffle ticket for a prize. The stations included an activity on sensory loss presented by the institution’s geriatric nurse educator and personnel from the audiology department, a Geriatric Jeopardy (Medication Edition) game presented by the department of pharmacy, a BINGO game on Physician-Order for Life-Sustaining Treatment (POLST) and advanced directives sponsored by the Department of Pastoral Care, a delirium/dementia/depression game an older adult resources website scavenger hunt, and information station about the “About ME” poster, presented and sponsored by various nursing personnel.

At the sensory loss table, participants were given earplugs, listened to a brief monologue, then had to answer questions about the reading. The purpose of this simulation station was to allow staff to gain perspective into the lives of those that have a hard time hearing. After the hearing loss simulation, participants donned plastic glasses with petroleum jelly smeared on them, latex gloves with fingers taped together designed to mimic effects of osteoarthritis on joint function, then were asked to read medication vials and properly prepare a week’s worth of medications. A daunting task, even just opening the medication vials and trying to visualize the instructions for use, some participants filled their medication trays with prescriptions intended for a pet or animal living in the simulated household.

The delirium/dementia/depression station taught about those same topics through the use of a wheel game, where participants had to spin to identify whether they would have to answer a question about one of the conditions. Additionally, educational pamphlets and posters that included more detailed information about these medical conditions were also available. The older adult resources website station taught participants how to navigate the intranet website to find information, such as a list of local nursing homes and medications to be used with caution in the elderly. The “About ME” station introduced participants to the “About ME” poster, a tool available through the Nurses Improving Care for Health-system Elders (NICHE) program that is used at RWJUH by older adults to help clinical staff members and nurses know a little bit more about the individuals at a quick glance. POLST/advance directive bingo taught participants about physician orders for life-sustaining treatment and advance directives.

Finally, at the Geriatric Jeopardy – Medication Edition station, pharmacy staff, faculty members, and student pharmacists attempted to answer questions about medication use in the elderly. The questions helped educate participants on a variety of topics, from medications that should be stopped or started in geriatric patients based on medical comorbidities to potential side effects of certain medications that should be used with caution in the elderly. Participants also received a handy pocket reference on the updated 2015 Beers Criteria.

I had the pleasure of helping out at the Geriatric Jeopardy station. It was an enjoyable learning experience because I had to tailor my conversations depending on whom I was talking to. Everyone from nursing students, chaplains, and hospital visitors stopped by the station to play and learn, and everyone walked away with a candy and a Beers Criteria pocket reference, if they chose. I had a wonderful time educating people about different medications and improving their pharmacy knowledge.

The Older Adult Awareness Olympics was a great format for educating participants on all of these topics relevant to the care of older adults, and for both laymen and health professionals alike. It covered a broad range of topics and catered to all participants regardless of medical knowledge. The activities and information was simple enough for a layperson, but there were experts on hand at each station for those that wanted to talk more about the topics. Participation in this event was very educational and fun!
Advanced Pharmacy Practice Experience Rotation Schedule 2016-2017

(IPPE Rotations End 6/17/16)
(IPPE Rotations End 7/22/16)
Cycle 3: 8/1/2016 – 9/2/2016
(IPPE Rotations End 8/26/16)
Cycle 4: 9/5/2016 – 10/7/2016 Labor Day-September 5th
Cycle 6: 11/14/2016-12/16/2016

ASHP Midyear Clinical Meeting Las Vegas NV December 4 – 8, 2016

*For this academic year we have considered accommodating students an extra day to attend the ASHP Midyear meeting because of travel needs as the usual amount of days is 3 and now will be extended to 4 since meeting will take place in Las Vegas. Therefore, cycle 6 rotation for those students will end either on Dec. 22nd or Dec. 23rd for students that have attained permission from preceptor for the allocated 4 days off to attend the ASHP Midyear Meeting based on their departure date of Friday Dec. 2nd or Saturday Dec. 3rd. Students not attending ASHP Meeting cycle 6 ends on Dec. 16th.

Cycle 7: 1/2/2017 – 2/3/2017
Cycle 8: 2/6/2017 – 3/10/2017

On site EMSOP PREP Week of March 13th-17th

Spring Break for P4 Students: March 20th – 24th

APhA Annual Meeting March 24-27th San Francisco, CA


*Holidays & Absences: Students are instructed to have personal discussion with preceptor on scheduling & are not to assume they are NOT to report to an assigned rotation site on specific holiday date and must notify preceptor and School of Pharmacy of ANY absences as per the EMSOP Absence Policy.