

# Ernest Mario School of Pharmacy Rutgers, The State University of New Jersey Preceptor Newsletter

## Preceptor Spotlight: Larry McCullum

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**Background:** Dr. McCullum is a Director of Medical Affairs and Communications at Bayer Pharmaceuticals who oversees the Precision Medicine products both in the pipeline and in the market of the Oncology Franchise. He has been in the pharmaceutical industry for 15 years with previous experience at Novartis and Merck all within Oncology. His career is a testament to his hard work and he hopes to provide other students with the opportunity to further themselves. In fact, Dr. McCullum has a foundation that provides the opportunity to passionate students who may not be able to financially support their education.

**What made you go back to school to pursue your PharmD and what value do you think you gained from this degree?** Dr. McCullum originally practiced pharmacy under a bachelor of science degree in chemistry. When the law changed to require PharmDs, he felt it was necessary to go back to pursue this higher level of education. However, he also noted that he has obtained degrees in other areas such as Religion and Culture, as he has a passion for learning. Dr. McCullum mentioned that a PharmD is a versatile degree from which he could pursue many career directions. He could practice pharmacy in every setting from chain retail to clinical institutional practice to a variety of functional areas within industry.

**Did you always know what department you wanted to be in?** Dr. Larry McCullum stated that picking a department can sometimes be like trial and error. He always knew that he had a passion for science and was creative in his thoughts. So what better way than to bring science to the real world and make a difference. He also mentions that an individual must assess if their goals are in alignment with what they are pursuing. You need to see what tailors your needs and move forward accordingly.

**What do you find the most rewarding aspect about your job and working in the industry?** Dr. McCullum feels that the most rewarding part of his job is the ability to be part of a team of like-minded individuals working together to achieve the same goal. His team challenges him to be better and provides new insights on how to approach problems that builds him as a person and a professional. He also really appreciates the ability to move up and build on his career throughout the years as this pushes him to keep learning and move the business forward.

**What is your favorite part about being a preceptor and what values do you hope to instill in them?**

It is in his nature to mentor as he does it in all wakes of his life. In terms of precepting, he wants to provide the opportunity for students that have the skills and knowledge to make their own impact. He hopes to instill a sense of unselfishness in these students to keep the chain going forward. To appeal to the goodness in their hearts because when a student has the ability to think of not only themselves and their own family, but even others around them, they also start to build the business acumen and other skills important to succeed as a professional.

**About the 10-Week Rotation:** Dr. McCullum has a very strong appreciation for the 10-week rotation that Bayer offers as it is a great opportunity for students to not only understand the ways of the pharmaceutical industry and find where they fit in best, but also build the confidence and competence to excel in their work. He has a very unique approach to the way he teaches his students. He considers the 10-week rotation to be a mini-fellowship in which the first 5 weeks are very hands-on to develop the student's thought process and knowledge to the point where they are contribution ready while also meeting with professionals throughout the company to further their knowledge about the organization and maybe even find where they fit in best. This is ultimately to allow the student to have 5 weeks of independent work or allow the student to develop projects with others. This gives students the opportunity to have work that they can call their own and even further their confidence in their own abilities. I, Anjali Shah, have had the pleasure of working with Dr. McCullum through a 10-week rotation and appreciated the faith he had in me to push me to levels I did not ever expect to reach.

**What does a typical rotation entail?** He emphasizes the importance of first instilling confidence in his mentees to help them grow as a student. He starts off with small tasks and slowly elevates the degree of difficulty. That way the student can learn at a comfortable pace. Then he looks for competence, to see if the student is capable of doing tasks successfully and efficiently. Which leads us to the final stage of contribution ready, where finally we can apply what we learned into the real world. As long as the student shows maturity and the desire to learn, then he/she will have a great experience.

By Anjali Shah, PharmD Candidate 2022 | Carolyn Hart, PharmD Candidate 2022 |  
Shadi Dahduli, PharmD Candidate 2022

**“Hello! Thank you for calling the New Jersey Coronavirus Hotline. My name is Tiffany – how may I help you?”**

That was my go-to opener when I picked up the phone. On the other end of the line, people from across the state asked questions and raised concerns about all things coronavirus.

I served as a coronavirus hotline volunteer at the New Jersey Poison Information and Education System (NJPIES) in May 2020, during the initial wave of the pandemic. NJPIES normally serves as our state’s poison control center. However, their staff was quickly being overwhelmed with the heavy influx of COVID-19 calls. As a result, they requested for healthcare student volunteers to man the coronavirus hotline.

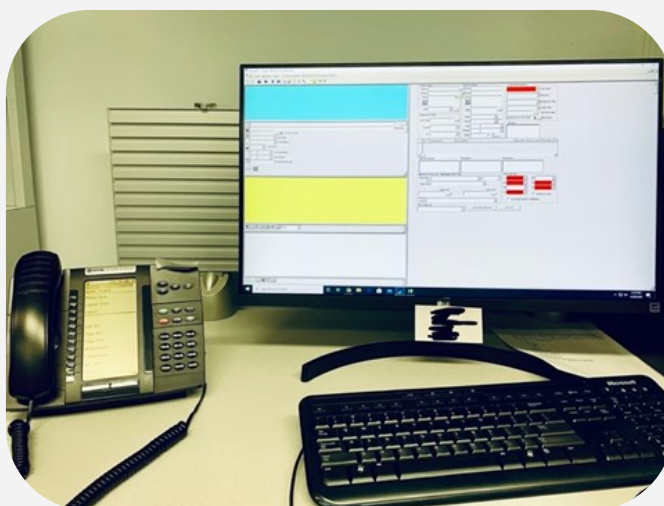
At that time, I was in the limbo period between the end of my P3 spring semester and the start of my P4 APPE rotations. When the volunteer opportunity arose, I jumped at it. Like many, I felt scared and helpless seeing the toll the pandemic was raging against our community. Working at the hotline was a way for me to take action and help – and although I was not directly facing patients, I still considered it truly a privilege to be able to use my education and training as a healthcare professional to serve our state in crisis.

I worked alongside an interdisciplinary team of student volunteers to field calls from the public. In total, there were 14 other student pharmacist volunteers, and we could each help around a dozen patients per

hour. After a half-day training period, I had my own cubicle with a phone and computer. Equipped with online resources, a testing site Excel sheet, and a friendly voice, I got to work.

**“I feel sick, and I need your help.”**

The most common request I would get was to screen COVID-19 symptoms and locate testing sites. At that



time, due to resource scarcity, patients could only get tested if they met strict criteria: symptomatic disease with at least two “classic” symptoms, such as shortness of breath, fever, or loss of smell/taste. For those that qualified, I used our internal database of public and private testing sites to pass on information about the best option to each patient.

**“I don’t have insurance.”**

**“I don’t have a car.”**

**“No hablo ingles.”**

Unfortunately, many patients faced significant challenges to healthcare access. Absence of insurance coverage, lack of transportation, and language barriers are all factors that hinder a

patient’s ability to receive optimal care. I utilized our database to find testing sites suitable for uninsured patients, but I also spent time on other resources – for example, using Google Maps to find a route from a patient’s home to a testing site by public transit, or using a translation service to talk with Spanish-speaking patients. At the end of each day, I learned plenty about creative problem-solving and clear communication.

Above all, volunteering at the hotline was an exercise in active listening. I found it helpful to ask open-ended questions (OSCE-style!) and spend more time listening than speaking. People want to feel heard, especially when a global pandemic necessitates indoor quarantine and isolation. Listening is an important tool in developing trust with patients, whether on the phone or in-person and whether during a pandemic or beyond. The experience of serving as a coronavirus hotline volunteer helps student pharmacists refine skills to become stronger and more empathetic clinicians. Thank you to NJPIES, Dr. Bruce Ruck, and EMSOP leadership for making this opportunity possible!

**Tiffany Lin, PharmD**

**\*\*\*COVID-19 Hotline at NJPIES is looking for volunteers, especially students with health/medical backgrounds to join their efforts in providing callers with important COVID-19 medical information, advice, and resources. If interested, please contact Alicia Gambino at NJ Poison Control Center at [gambinaa@njms.rutgers.edu](mailto:gambinaa@njms.rutgers.edu)!\*\*\***

**S**tudents have had to navigate several new challenges throughout the COVID-19 pandemic. Those challenges included moving to virtual spaces for a majority of activities such as attending virtual classes, planning virtual events, and having virtual interviews for post-graduate opportunities. Through my experience in applying for residency programs over the last year, I have felt that moving to virtual spaces has had both advantages and disadvantages for students. Although it made the application process more flexible and alleviated a portion of the financial burden, it brought on the challenge of learning effective virtual communication and etiquette for virtual platforms such as Zoom.

One of the biggest advantages of moving to virtual spaces throughout the application process was the alleviation of financial burden on students. Applying for residencies alone can be very expensive for students, especially if they plan to apply to multiple programs. The financial aspect may also limit some students from applying to a greater number of programs. Because the ASHP Residency Showcase at Midyear was virtual, students did not have to worry about the usual travel and hotel expenses. Additionally, because most interviews were also virtual, travel expenses for interviews were not a concern. Furthermore, virtual interviews provided more flexibility for students that were applying to programs out of state or farther away. Due to virtual interviews, students were able to work around rotation schedules more efficiently and reduce the amount of time missed.

Although virtual spaces have made the residency application process more flexible, students have had to adapt to a new style of communication. As students, we have always been taught to attend to body language

and to regard it as its own form of communication during interviews. This is one area that has not translated very well to the virtual space for a variety of reasons. There have been interviews where some individuals did not have their camera on, making it much harder to “read” how the conversation is going. Due to technical difficulties, the camera may not be functioning or, if multiple interviewers are in the same room, students may not be able to see everyone who was interviewing them. Therefore it was difficult to decipher body language. Additionally, it was difficult to maintain eye contact and to determine when is the appropriate time to speak up so as to not speak over others in a conversation. This was particularly difficult during the ASHP Residency Showcase as there could be 20-30 other students visiting a virtual booth at the same time and attempting to ask questions. What I found to be very helpful during the showcase was having multiple break out rooms open for students to enter and ask residents, preceptors, or the residency program director questions. This was also a strategy utilized during interviews which allowed the student to meet multiple members of the team and ask more directed questions.

As the COVID-19 pandemic continues but more in-person spaces and opportunities are permitted, it will be interesting to see the role of virtual spaces in the future. Residency program directors, coordinators, and preceptors have certainly found ways to make virtual spaces helpful by utilizing the available tools that virtual platforms provide. Their efforts have been appreciated as this experience is new not only for students but for them as well.

**Prepared by:**  
**Mariam Ali, PharmD**

### Residency and Fellowship Showcase 2021

**T**he Ernest Mario School of Pharmacy welcomed institutions from New Jersey, New York, Pennsylvania, Delaware and Connecticut to the 2<sup>nd</sup> Virtual Residency and Fellowship Showcase.

P4 students gained insight into various programs of interest while creating an efficient process for institutions to meet with prospective candidates. While we understand this is not our usual environment for meeting, the safety and health of all is of utmost importance.

### Save the Date! Upcoming Virtual Preceptor CE

**T**he Ernest Mario School of Pharmacy will be hosting the next virtual Preceptor CE program on Monday, January 24<sup>th</sup>, 2022 from 9AM to 12PM. We will be offering 2 contact hours for preceptors on the topics of Entrustable Professional Activities and Telehealth Pharmacy Services. More information on registration will be announced via Core ELMS. We hope to see you there!

Despite COVID-19 disrupting many rotations, I am thankful to have had the opportunity to be the first student to go through a newly designed population health rotation with Dr. Lucrecia Campisi, the population health pharmacist at Hackensack Meridian Health (HMH). My week was divided into three mini-rotations designed to provide exposures to different pharmacy settings: On Mondays and Tuesdays, I was with Dr. Campisi in corporate, where we worked on population health initiatives for the health system. On Wednesdays, I was at the long-term care (LTC) pharmacy in Eatontown learning about LTC regulations and the responsibilities of a LTC pharmacist. Lastly, my Thursdays and Fridays were spent observing the workflow and record-keeping processes in home infusion.

One of my favorite projects at corporate was to identify initiatives for HMH to support opioid use disorder (OUD) patients. During this project, we created an interdisciplinary post-acute opioid task force comprised of inpatient and outpatient physicians, social workers, pharmacists, HMH management, and Department of Health representatives. This task force was charged to support four areas of improvement for HMH: 1. greater outpatient referral resources, 2. more providers with Drug Addiction Treatment Act 2000 waivers to prescribe buprenorphine, 3. targeting stigma against OUD, and 4. increasing access to naloxone. Throughout my rotation, Dr. Campisi and I contacted state organizations, worked with the data analyst to identify trends within HMH hospitals, and worked with other students to present our preliminary findings at Midyear 2020. This project went beyond any skills I learned in pharmacy school and my fellow students and I had to be creative in thinking about solutions to the opioid epidemic. It led me to recognize how much collaborative effort from community stakeholders was needed to tackle public health problems.

The biggest takeaway I had from this rotation was a better understanding of the continuum of care and new settings of pharmacy. Beyond the traditional roles of pharmacists in institutional, community, and industry settings, there is an increasing need for pharmacists to promote smooth transitions of care as healthcare moves to alternative sites of care. I would highly encourage students to participate in rotations which allow them to learn more about population health and to work in interdisciplinary teams to practice designing solutions to healthcare problems. With all the changing forces of US healthcare, these experiences will help equip the next generation of leaders with the skills necessary to solve big healthcare questions.

*Prepared by:  
Amy Hu, PharmD*

### Impact of the Pandemic on Acute Leukemia Patient

The Covid-19 pandemic has affected patients who require medical care in many ways. As an APPE student on my hematology/oncology rotation, I witnessed the devastating impact the pandemic continues to have on patients admitted to the hospital for acute leukemias. To mitigate the spread of the coronavirus and to protect our especially vulnerable, immunocompromised patients, visitors are not allowed on the oncology units. While the precautionary measures are put in place to protect the patients, it also compounds the fear, loneliness, and difficulties of the illness. As healthcare professionals, now more than ever, it is our duty to advocate for and communicate with our patients and their families to ensure the best patient experience possible.

Acute leukemias can occur suddenly, and oftentimes, patients are emergently admitted for close monitoring and treatment initiation. While they are undergoing treatment, patients are physically weak, vulnerable, and can remain in the hospital for weeks at a time. Emergencies may arise and life decisions may need to be made. While rounding each day, I saw the intense fear in those eyes, the loneliness in their voices, and the paralyzing weakness of having to fight for their life without any loved ones by their side.

Patients and their families need the reassurance that they are getting the best care. Communication is always important, but with the mandatory physical separation, it is crucial now more than ever to be diligent and creative, such as video calls with the family members to provide frequent updates or calling them on the phone during daily morning rounds with the treatment team. By increasing our communication as a team and advocating for each patient, we will continue to help our patients pull through their illness during this horrific pandemic.

*Prepared By:  
Blimi B. Donner, PharmD*



## Virtual Midyear

*The Venue:* Behind a façade of red cement and glass windows, the clattering steps of leather soles and the reverberant chatter of pharmacists and pharmacists-to-be echo under the high ceilings of the convention center. Banners of pharmaceutical companies adorn booths at every step, and flocking and flowing, to and from, are future graduates – fresh haircuts and new perfumes, pressed suits and skirts – toting portfolios under one arm, and weaving through crowds with the other...

At least that's how I would imagine an ASHP Midyear conference to be, but now the convention center has been converted into a field hospital for COVID patients, and the booths are just a Zoom link and a click away, rather than a 4-hour plane ride and a pack of peanuts. Smiles are about as bright as the lighting in your bedroom, and handshakes are replaced by little waves at the camera. The roar of networking is replaced by the ambience of cars passing outside your window and however much quietude can be afforded by your home.

*The Showcase:* Through the Residency Showcase, there was an air of unpredictability entering the virtual booths, as some were open panels packed with curious candidates, and others were moderated as breakout room sessions. In anticipation, I prepared myself for anything – with question after question to help guide conversations – and I was still met with awkward silences, curiously raised eyebrows, and plainly... some things you can never prepare for:

In one booth, the RPD stepped away to tend to his barking dog, shouting across the room to answer questions.

In another booth, I stopped myself mid-sentence because I heard someone begin speaking, and I apologized. I realized it was just my own voice echoing through someone else's microphone.

Awkward.

For some, I imagine this could be ideal: being able to sit in a familiar space and take a breather between booths. Personally, I'm much more comfortable in person and tend to do terribly in these virtual meetings. I'm unsure of when I should unmute myself to speak, and I get so fixated on whether or not I look like I'm paying attention that I end up (counterintuitively) distracted. However, toward the end of the showcase, I adapted, felt relaxed, and settled into the fact that I was still wearing a suit at home.

*The Takeaways:* A lot of credit should be given to the program coordinators, preceptors, and residents who had set up these booths. Most of them were still in their offices, on call, and setting time aside from their schedules to make this happen. Of course, this isn't ideal for most of us, but for what it's worth, in this pandemic, I think the Showcase went surprisingly smoothly; there were no major technical hiccups, and the booths were incredibly easy to navigate to and from. I sincerely applaud them, and us as candidates, for adapting so well.

For the future, when the pandemic cools down, it would be nice to have the options for both an in person and a virtual Midyear. If staying in lockdown for nearly a year has shown us anything as healthcare professionals, it's that discrepancies in health access have been exemplified in some regards (loss of employer-based health insurance, a sharp decline in routine office visits), and ameliorated in others (pharmacists in primary care offices reporting more consultations than ever with telemedicine appointments).

While face-to-face interactions really can't be fully replaced by a phone or video call, it's an indefinitely valid alternative. The lessons learned in health access can be applied to our own conferences, as not everyone interested in attending Midyear can afford a ticket and a hotel room or to leave their homes and family members unattended. Although a virtual conference isn't ideal, and consistently I felt like I hadn't put my best virtual foot forward, I still gathered the information I needed on residency programs and sites.

Lastly, if the virtual midyear conferences continue, my tips for future attendees would be:

- Be prepared for anything.

- As always, prepare your questions ahead of time, try to anticipate what their answers might be, and prepare your follow-up questions accordingly. Practice the questions and try to avoid looking at your notes, as tempting as it might be, because this can kill the fluidity of the conversation and leave it feeling stale or unnatural.

- Expect an open panel or a breakout room.

- Know your way around your meeting platform.

- Know the functions on your meeting platforms (e.g., Zoom, Microsoft Teams, Google Meet, WebEx), and practice using the platform by giving your friend a call if you need to.

- Expect an audience when you ask your questions.

- Be sure they aren't questions that can be found online and be confident your questions are good ones. You may have an audience of program directors, residents, preceptors, and other students with their faces in plain view, but don't be discouraged when your questions fail to impress; those questions should always be for your own sake.

### **Friendly Reminder of Student Absences**

Students are required to complete 200 hours for each APPE rotation. Any and all time missed for any reason, i.e., illness, interview, medical or wellness appointment(s), personal, etc. must have a plan with a personal discussion between student and preceptor on how the hours will be made up. There are no excused absences where hours do not need to be made up. Weekends or adding hours to the start or end of rotation times are optimal options as well to achieve the requirement of 200 hours. Any questions or concerns please contact Experiential Education Office.

## Students Perspective

### The COVID-19 Learning Experience: An Interview with Rutgers University Pharm.D. Students— Rana Melouk, Vidya Kanthan, and Vijay Anand

The COVID-19 pandemic resulted in a shift to largely online learning for schools and universities across the globe. This significant change in education style has greatly affected both teachers and students. Today, we sat down with 6th year Rutgers pharmacy students Rana Melouk, Vidya Kanthan, and Vijay Anand for an inside look into the COVID-19 learning experience.

#### ***What was the biggest challenge you faced during the shift to online learning?***

**Rana:** At first I was a little relieved with the news of online learning because some professors teach at a speed of which I cannot type out all the notes I would need. I eventually stopped taking notes and would go to class to record the lecture then have to go over it later on my own time at half the speed. Therefore, thinking online classes will be exactly what I was already doing minus the daily Rutgers parking tickets I would receive, was definitely a plus if I might add. Online classes may seem like a relief at first until you have a question while

listening to the lecture. It was very difficult to contact professors as well as receive a response in a timely manner. That being said, I would say my biggest challenge with online learning for me was having to spend the extra time searching up lecture topics in depth to answer my own questions.

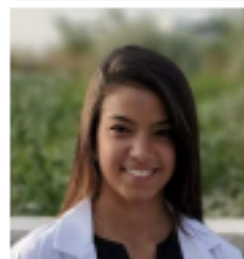
**Vidya:** The biggest challenge I faced was adapting to the differences that come with the environment of online learning. Personally, I engage much better with lectures conducted in-person. I had to find new ways to focus on, process, and retain material presented virtually. During the pandemic, I quickly found myself missing everything from professors' spontaneous jokes mid-lecture, to studying with friends at LSM, to food breaks at Woody's, all of which enriched my learning experience in more ways than I ever realized.

**Vijay:** I faced my biggest challenge in managing my routine post-lockdown. Prior to lockdown, I was able to spend most of my time at the Ernest Mario School of Pharmacy and the Library of Science and

Medicine during the day, and then take time to relax with my family and friends at home. The lockdown, however, created a situation in which my academic and family life was pushed together, and I found it difficult to maintain the same level of productivity I had prior to the pandemic.

#### ***What strengths did you gain, and how did you develop as a student during the COVID-19 period?***

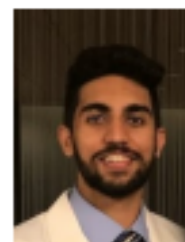
**Rana:** For the longest time, I would keep to myself when it came to school work. I would not work or study with co-students. This hindered my relationship with many pharmacy students as a lot of our time was consumed by school work. That being said, while other students worked together and grew their friendship, they evolved as students as well. This online learning experience taught me that working with others is a great way to retain information and to expand your knowledge and network.



*Rana Melouk, a P4 student at EMSOP with an interest in pharmaceutical industry.*



*Vidya Kanthan, a P4 student at EMSOP with an interest in pharmaceutical industry.*



*Vijay Anand, a P4 student at EMSOP with an interest in hospital pharmacy practice & pharmacy informatics.*



## PRECEPTOR'S NEWSLETTER

I reached out to a friend who I would have minimal contact with and we have been school buddies ever since. We would complete lectures together and go over materials the other did not know to answer each other's questions. We made the most of virtual learning, made it a fun experience, grew together as students and on top of that, I could now say that she is my best friend.

**Vidya:** This new learning experience taught me how to adapt to situations and to be more proactive in furthering my learning. It was harder for me to understand certain concepts and have questions explained virtually versus in-person, so I had to find additional ways to supplement my understanding, whether it be FaceTime study sessions with friends or Youtube videos and other online resources.

**Vijay:** I think that the strength I developed most over lockdown was my ability to be resourceful. I noticed the barriers of communication that came with virtual classes and as a result I had

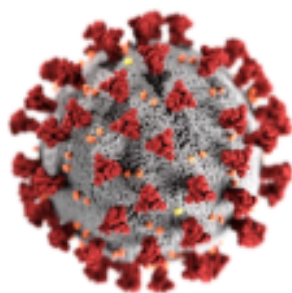
to rely on my own ability to collect information and answer my own questions. My first clinical rotation at Hunterdon Medical Center illustrated the resourcefulness of pharmacists as they provided their expertise in medical teams, and I hope to further develop the same strength in my future career.

***Following this experience, what advice do you have for pharmacy students?***

**Rana:** For virtual learning, one advice I would highly recommend is reaching out to your co-students and friends even if you do not need help on assignments or lectures. It is possible to be able to do all the work on your own but for your own educational experience and mental health, working with others will give you the best educational experience you can get without a classroom filled with other students. It will also keep you sane, it definitely kept me sane.

**Vidya:** My biggest advice for pharmacy students would be to expect the unexpected and make the most of your experience. Try to find enjoyment even during the stressful times, because pharmacy school goes by so quickly, and you never know what's around the corner. In addition, the skills of being a proactive learner and finding ways to supplement your own learning will be useful to carry forward through virtual or in-person school, on rotations, and beyond.

**Vijay:** One positive of virtual learning was the flexibility that students gained in scheduling their study hours. My advice for future pharmacy students would be to take advantage of the flexibility offered with virtual learning to pursue extracurricular interests in research, leadership, and professional organizations. Participating in these activities is a great way to develop skills necessary for all avenues of pharmacy practice.



*Left to right: Rana M., Vijay A., and Vidya K. Outside the Hunterdon Medical Center in Flemington, NJ.*



On behalf of Dean Barone and the Experiential Education Office here at the Ernest Mario School of Pharmacy we wish you and your families a safe and enjoyable holiday season.

We are blessed and grateful to have you as part of our *pharmaly* to mentor our students who are the future of the profession. There are so many accomplishments that have been made these past 20 months for the profession and we need to sustain and pay it forward together. We thank you and appreciate all that you do!