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# Preceptor Newsletter

SEPTEMBER 2020

## Message from the Assistant Dean

Dear Preceptors,

We hope that you are safe and well during this unprecedented time. All of us are making significant adjustments to the ways we work to keep patients, our students, and ourselves safe. We appreciate your support of our program and your willingness to precept our students. Your continued engagement helped us sustain students in Cycle 9 last spring, so that all of them could graduate on time and complete required rotation hours for licensure.

Our new rotation year kicked off on May 25<sup>th</sup> and we are now in Cycle 4 with 190 students on an APPE rotation. I am happy to inform you our students have successfully completed:

- 496 APPE rotations
- 187 IPPE Hospital/Institutional rotations
- 174 IPPE Community rotations

We are so grateful for your ongoing support and dedication. Without your work, we would not have been able to sustain our experiential education program this year.

This newsletter contains stories from preceptors, faculty and students about their experiences over the last few months.

Ever mindful of the ongoing health risks we all face, please turn to page 2 to read about the safeguards we have put in place for the students on rotation. Please do not hesitate to reach out if your site needs to add a new requirement or item for on-boarding as we want to ensure that students, preceptors and the patients they serve stay safe and well.

As the pandemic continues, we anticipate new challenges that will impact your work and our students' rotation schedules. As in the past, we may need to consider remote/virtual rotation experiences. If the rate of positive COVID cases increases, we may well have to consider such options. We wish to work with you to sustain our experiential education program to ensure that students continue to get an excellent education, acquire critical competencies, and complete the rotation hours required for graduation and licensure.

During this pandemic, students are learning about a critical public health crisis; they are fortunate to have first row seats while on assigned rotations with you. They are fine tuning their critical thinking skills and building their hope and resilience stores. Most importantly, they are taking part in the transformation of our current healthcare system, creating new opportunities to expand our scope of practice, and advancing our profession in delivering care for patients. These things would not take place were it not for your dedication, commitment, and support of our students.

*Please save the date for our next Preceptor CE Program on November 11<sup>th</sup>.* (Information about this program can be found on page 11) An announcement will be going out soon with details and registration information. This program is free for all EMSOP preceptors. Topics will include: "A call to action: addressing health inequity through cultural competence and activism" and "Building student resiliency and well-being." This live, virtual program will be offered via Zoom. We hope you can join us.

Lastly, over the last year, our faculty, staff, and students have been working together to prepare for our School reaccreditation. The Accreditation Council for Pharmacy Education (ACPE) will host a virtual site visit October 20th-22nd. As part of the review, the site team will meet with adjunct preceptors on October 22, 2020 from 9am-10:15am EDT via a Zoom link. We welcome your participation and encourage you to join in. If you are interested, please email me directly at [dmfeudo@pharmacy.rutgers.edu](mailto:dmfeudo@pharmacy.rutgers.edu) by October 3<sup>rd</sup> so that we can finalize our list and forward it to ACPE.

On behalf of the faculty and administration at the Ernest Mario School of Pharmacy, I wish to express our gratitude for your ongoing support as we adjust to these challenges. Thank you.

Donna M. Feudo, BSP Pharm., RPh  
Assistant Dean for Experiential Education

## COVID-19 Update for EMSOP Students & Preceptors

Please see information below regarding important safeguards and procedures the Ernest Mario School of Pharmacy (EMSOP) has put in place for our students, preceptors and patients. If you need clarification or have questions, please contact the Experiential Education Team at [rotation@pharmacy.rutgers.edu](mailto:rotation@pharmacy.rutgers.edu).

We thank you for your dedication and continued partnership in educating and mentoring our students. Please note that our policies and procedures can change quickly in light of the unprecedented health risks; we ask for your patience and understanding.

### **Mandatory COVID Testing for Students on Rotation**

#### ***New Policy, Cycles 3 & 4 :***

All students assigned to rotations in healthcare systems, hospitals, clinics, long-term care, or rehabilitation facilities must show evidence of two negative PCR/Saliva or Swab COVID tests. These two tests must be administered between one and three weeks apart, as close in time to commencement of such student's clinical rotation as possible. This testing process must be repeated prior to EACH rotation, even if students are returning to the same site. *This requirement is the same for all IPPE and APPE rotations.*

Initially, this testing requirement was only for students assigned to Robert Wood Johnson/Barnabas Health

sites. We have expanded the requirement to all rotations to protect the safety of the students and the public. All RBHS students on rotation must be in compliance. To help students navigate the process, the School of Pharmacy will host campus clinics; announcements with dates and times will be sent to all students preparing for rotations. Please note this policy may change for future rotations.

### **Mandatory Quarantine after Traveling**

To protect the public health of the residents of New Jersey, Governor Murphy has issued an advisory for residents returning to New Jersey from states with significant community spread of COVID-19 to self-quarantine. Please note that although healthcare providers are exempt from this quarantine policy, student learners are NOT. Students must check the latest list at the following link, as this list may change at any time: <https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/which-states-are-on-the-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey>

### **Governor Murphy's Executive Order 104**

Health-related clinical rotations for students at Rutgers are exempt from Governor Murphy's executive order barring in-person instruction at institutions of higher education. Pharmacy students are expected to participate in assigned clinical rota-

tions, as part of their educational program at EMSOP.

### **Daily Survey for Students**

EMSOP has created a daily "Student Health Survey" in CORE Elms, which all students must complete by 8 am on each day of the rotation. If students are experiencing any cold or flu like symptoms or do not feel well, they are urged to stay home and follow the steps of the absence policy.

### **Masks Available for Students through EMSOP**

In anticipation of possible shortages for masks at rotation sites, EMSOP has obtained an ample supply of surgical masks. If in need, students should send a request to [rotation@pharmacy.rutgers.edu](mailto:rotation@pharmacy.rutgers.edu) with "Request Masks for Rotation" in the subject line.

### **Weekly WebEx Conferences**

Based on feedback from the student body, the Experiential Education team is holding weekly WebEx conferences for students while on rotation: for P1 students: Thursdays at 2 pm; for P2 students, Thursdays at 2:30 pm; and for P4 students, Wednesdays at 4 pm to provide updates and to serve as a forum for students to ask questions and share concerns. Students are encouraged to speak with their preceptors to request time if they wish to participate.

## Experiential Learning in the Middle of a Pandemic

Like many other hospitals within our healthcare system and the state of New Jersey, Clara Mass (CMMC) was dramatically impacted by COVID-19. The pandemic had rippling effect on a multitude of hospital functions and departments, including infection control and prevention, medical equipment and drug ascertainment, hospital staff and patient safety, and patient care. An unexpected pharmacy line that was affected was the rotational experiences for students of Rutgers Ernest Mario School of Pharmacy (EMSOP) as hospitals and schools reinforced stay at home measures to minimize risk of COVID exposure.

We have a long-standing relationship with EMSOP and enjoy having the future of our profession on-site. The students that we have served as preceptor for are bright, hardworking and innovative, and continually push our preceptors to be better and improve our pharmacy program. That being said, we wanted to ensure that even during this dynamic and unpredictable time, we were available to students for their academic growth. This led us to partake in our first ever virtual rotations.

With the start of 2020 cycle one rotation, we were scheduled an Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE) in emergency medicine and behavioral health. Through a coordinated effort with our healthcare system, pharmacy faculty and administration of EMSOP, we were able to provide stellar virtual rotation experiences for all of our students. With the emergency rotation, Dr. Patrick Bridgeman, Dr. Steven Nerenberg, and Dr. Kristen Bohnenberger were the leads. They created an expansive rotation with didactic learning, virtual case presentation, and thorough reviews of emergency medicine literature. It was great to see how engaged the students were and how responsive they were to the rotation. We were able to participate in an exciting conference held by the New York City Poison Control Center (NYCPC), that reviewed interesting and ra-

re toxicology cases they have managed. Many of on-site preceptors were able to attend the virtual conference, which they found very informative and a reprieve from stresses they were dealing with related to COVID. Dr. Nicole Daniel, Behavioral Health Pharmacy Specialist at CMMC, worked with Dr. Megan Maroney at Monmouth Medical Center and Dr. Mei Liu at Princeton House Behavioral Health to provide a unique perspective into the world of psychiatric pharmacy from multiple distinctive settings. Students had the opportunity to participate in the mental health treatment of adults, geriatrics, pediatrics, and dual diagnosis patients all within one cycle. The integration of sub-specialties along with the inclusion of students, residents, and clinical specialists resulted in an impactful collaborative setting that would not have been possible prior to these pandemic measures. With the incorporation of webinars, tele-meetings, and other novel channels of communication, we as preceptors have been able to interact with our students from within the hospital, while the students stay safe at home. Technology has made student presentations and large group discussions a seamless endeavor while still maintaining social distancing. Students across rotations are able to work together with each other under the guidance of different preceptors to gain insight into the everyday operations of both the hospital and the practitioners.

The entire team has truly embraced these changes in stride and enjoyed the experience and look forward to continuing on. We are excited to witness the many new opportunities that will be afforded to EMSOP students as a result of these adaptations now and in the future. It is important that we continue to evolve our teaching and perceptions on learning to prepare our students for new expectations of the profession and the ever-changing healthcare field.

Prepared by:  
Mitesh Patel, PharmD, BCCCP  
Nicole Daniel, PharmD

## Telehealth, Mail Order, COVID Testing, USPS delays oh my!

### ***Increase of Telehealth & mail order pharmacies during COVID***

Telehealth has become one of the most popular words used in the current healthcare environment. Many physicians and health facilities have had to make major adjustments in the way they deliver their care, and the most common one has been termed as telehealth. The term itself is broad, and requires a more detailed explanation. There are three different modalities defined by the CDC, synchronous, asynchronous, and remote patient monitoring. Synchronous is a live interaction whether through audio or video call while asynchronous is when messages with data are sent over to the provider. Remote patient monitoring allows the patient's clinical data to be sent over to the provider. These services can be used for COVID check ups, chronic disease management, or even occupational therapy. Now in theory, this all sounds great, however a major cause of concern is whether or not it will be covered under insurance.

With the occurrence of this global pandemic, many HCP and insurance payers have quickly adapted to the transition to telehealth services. For instance, Rutgers pharmacy students were required to complete a telehealth call prior to rotations, which in turn was covered by the Rutgers insurance and by many personal insurances. The Centers for Medicare and Medicaid Services issued multiple waivers allowing flexibility and proper coverage. As healthcare providers it is important to verify with a patient's insurance that the services provided will be covered.

### ***Overall effect of telehealth & mail order on ambulatory care***

The impact of the pandemic has created a shift in healthcare. In order to curb the risk of potential spread, clinics and physician offices are prioritizing patients with the most urgent cases and symptoms. Those otherwise are being turned to telehealth services to receive their routine care. Since March, CMS themselves have increased their reimbursements for these telehealth services to aid patients across the country.

Similarly, we see this change happening in pharmacies. Patients that used to come in person, have turned to mail order and deliveries since the lockdown. Mail order prescriptions have grown 21% from the previous year. This has, understandably, put a struggle on local owned pharmacies who have put together their own mail order and delivery services to compete.

It has been speculated that these changes may lead to a fundamental shift in healthcare. Patients, of course, are expected to return to pharmacies and clinics once the pandemic passes. However, the adoption of telehealth services and delivery models have opened pathways to rethink the access of healthcare across the board.

### ***Political pressures from the upcoming election affecting timely delivery of maintenance medications***

In the past couple of days, there have been talks of president Trump putting pressure on the USPS to increase their shipping rates due to perceived loss in revenue which may ultimately result in overall delayed deliveries and increased shipping costs. With the growing dependence on delivery items, and the fact that mail ordered medications can take at least two weeks to be delivered and

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billed through PBMs and their insurances. Delays in scheduled services, could potentially lead to increase in insurance issues, polypharmacy, nonadherence, and/or excess of medications.

Usually only maintenance medications like blood pressure medications, birth control, etc. can be purchased through mail order but acute medications would go through local pharmacies. If a patient doesn't realize that they will run out of the medication before a scheduled delivery is made or a delivery is delayed, then the patient may have to transfer their medications from mail order to their local pharmacy, or skip doses. By the time the delivery does arrive, the patient may have 2 months worth of their prescription at home due to the delay. This pattern could compound and lead to excess stockpile of medications at home and the patient could continue to take their prescription largely unsupervised, without proper medical check ups or telehealth appointments to confirm efficacy of therapy or side effects.

Another issue is that in order to keep up with mail order pharmacies, independent pharmacies have set up their own delivery and mailing services in order to retain their patients. That means for snowbird patients that spend summers and winters in different locations, independent pharmacies may provide the service of privately mailing their medications to their preferred addresses. Though postal services promise to prioritize mail order medications to prevent delays, independent pharmacy packages are not considered "mail order" medications and may not arrive on time as they may be delayed with general mail.

Throughout these years, the USPS has been a trusted service to deliver medications and mail-in ballots and has kept their shipping rates low in order to make shipping affordable and accessible to every American, even in the most remote US areas. During this organizational restructuring, whether due to political pressures with the presidential election or economic reasons, mail order medications may face delayed shipping which will ultimately have an impact on community adherence, and retail pharmacy workflow.

Prepared by:  
Kimberly Rosales | Sagar Parekh | Vi Nguyen  
PharmD Candidates 2021

**I**ntro (*Possible routes after graduation*)

At the end of each and every school year, pharmacy students prepare themselves for various paths within the field of pharmacy. Students have many different possible routes to choose from, and in regards to the Class of 2019 at the Ernest Mario School of Pharmacy, the top three fields of employment were community (17%), residency (16%), and fellowship (13%). With these numbers, it's clear to see that many more students are seeking opportunities beyond community pharmacy. It's no mystery that the field of pharmacy has faced great saturation over the past few years, this in turn has led students to make getting a more educational post grad experience a priority.

There are many factors which make a large impact on a student's decision when picking a career path. It can include their interests, financial commitments, location, and/or work life balance. Students generally look towards rotational experiences to give them a more clear understanding of which fits them best. Great mentors and teachers can be a helpful guide during the process, and is definitely a variable that can make all the difference for students.

**APPE Rotations, Letters of recommendation, Mentorship**

Transitioning into P4 APPE rotations, many students like us, are excited to leave the didactic lectures and get into the clinical setting to learn from the experience of our preceptors. Rounding, presenting at P&T committees, and working on research projects with preceptors are all valuable experiences to put on CV/Resumes that potential candidates for either residency or fellowships can speak upon during their interviews.

One of the worries that we have as students going through APPEs during a pandemic are the difficulties with making an impression and building a mentor/mentee relationship with our preceptors. Due to guidelines to reduce disease spread and to protect students, many

rotations have either been cancelled, hybrid, or completely virtual. This cuts down a lot of time spent with preceptors to get to know them and also to show work ethics, making it difficult to stand out among peers and ask for letters of recommendation at the end of our rotations.

**Finding the right "fit"**

The experiences we have during APPEs are invaluable for a number of reasons, one of them being exposure. There's only so much one can pick up in the classroom and the ability to truly apply oneself, is where discoveries can happen. Some students may discover that they enjoyed their clinicals much more than they thought, prompting them to seek out residencies. Others may start to see themselves taking up certain positions in industry, guiding their selection in fellowship. Understanding where you work best, your specific interests, and your end career goals are key in being able to identify a program that would best suit you.

**Online Interviews skills, Virtual Showcases**

Another concern students might have during this year is the fact that a lot of interviews may be held virtually. Traditionally students would practice for more in-person interview processes so we would focus on things like body language, eye contact, etc. Now not only do students have to figure out ways to be memorable through a video call but also have to develop virtual interview skills such as timing so that you don't talk over the interviewer when answering questions, finding appropriate areas without disruptions to maintain professionalism, or calmly resolving connection issues midst interview as anything could happen at anytime.

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Even during these early months of researching to find programs that may interest us, there is a sense of uneasiness. For residencies, showcases are important to get a sense of how the current residents not only interact with each other but also how they're developing through their program. Given that there are so many programs all over the country and region it might be difficult for program directors to fit time for every student to ask their personal questions.

Overall, interviewing for fellowships or residencies this year will be a whole new experience for both potential candidates and interviewers. We as students are truly grateful to the preceptors who are taking the time to help us review our CV's as well as give us advice for our futures.

**Midyear Updates:** ASHP Midyear virtual on December 6 to 10, 2020

### ***Fellowship Updates***

- Rutgers FIND Part 1 Live information session on **Sept. 24, 2020 at 6 to 9pm EST** (\*officially announced)
- Part 2: Company Networking session TBA at Part 1 information session
- PPS open Oct 23rd and closes Nov. 6th

### ***Residency Updates***

- Local/Regional virtual showcases through platforms such as Zoom
- Possibly virtual interviews through similar online platforms

**Kimberly Rosales | Sagar Parekh | Vi Nguyen  
PharmD Candidates 2021**

## **P4 Students: Zoom into Your Future— NJSHP Residency Showcase—October 30**

NJSHP in collaboration with *The Ernest Mario School of Pharmacy, Rutgers the State University of New Jersey and Fairleigh Dickinson University School of Pharmacy & Health Sciences* would like to welcome your institutions to the 1<sup>st</sup> Collaborative Virtual Residency Showcase where you can "*Zoom into Your Future*". The showcase will be held on Friday, October 30, 2020 (*further information about time and event format will be emailed shortly*).

We will be inviting only P4 students from both schools to allow them to gain insight into their programs of interest while creating an efficient process for institutions to meet with prospective candidates from all over the state. While we understand this is not our usual environment for meeting, the safety and health of all is of utmost importance.

If you have any questions, please do not hesitate to contact us. Registration details will be sent to programs directly from NJSHP.

# Advanced Pharmacy Practice Experience Rotation Schedule 2020-2021

Cycle 1 (5/25/2020 – 6/26/2020) Memorial Day - May 25<sup>th</sup> (IPPE Rotations End 6/19/20)

Cycle 2 (6/29/2020 – 7/31/2020) Independence Day - July 4<sup>th</sup> (IPPE Rotations End 7/24/20)

Cycle 3 (8/3/2020 – 9/4/2020) (IPPE Rotations End 8/28/20)

Cycle 4 (9/7/2020 – 10/9/2020) Labor Day - September 7<sup>th</sup>

Cycle 5 (10/12/2020 – 11/13/2020)

Cycle 6 (11/16/2020 – 12/18/2020) Thanksgiving - November 26<sup>th</sup>

**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.**

Cycle 7 (1/4/2021 – 2/5/2021)

Cycle 8 (2/8/2021 – 3/12/2021)

**APhA Annual Meeting – Los Angeles, CA March 12-15, 2021**

**Spring Break: 3/15/2021 - 3/19/2021**

Cycle 9 (3/22/2021 – 4/23/2021)

**EMSOP P4 Prep Week: 4/26/2021 - 4/30/2021** - Professional Reflection Week on campus (portfolio review, NAPLEX review, seminars, etc.)

- *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 as the rotation calendar does not mirror the University Academic Year calendar.*
- *Students are instructed to have personal discussions with their preceptor on schedule conflicts.*
- *Any missed time from rotation is expected to be made up so as preceptor may sign off for 200 hours for rotation.*



## Navigating Through Uncertain Times

**I**t was official: 2020 was getting cancelled. As more and more restaurants, businesses, and schools were closing due to the raging COVID-19 pandemic, every person shared one common thought in their minds. Will life ever truly return to normal?

The news came right as we were preparing to embark on our journey through APPEs. Many of our rotations would have to be conducted virtual and some had to be cancelled altogether. Luckily, most rotations in community practice were still being held on-site.

I had the benefit of having my APPE Community during Cycle 1 at an independent pharmacy, DrugSmart Pharmacy. My preceptor, Ritesh Shah, provided me with numerous learning opportunities throughout the entire rotation. In addition to working with his team at DrugSmart Pharmacy, I was able to collaborate with his team at Legacy Pharmacy Group, a group purchasing organization. As the CEO of Legacy Pharmacy Group, Ritesh helped me explore the business side of pharmacy that is discussed only briefly in school. I was able to work extensively with Ritesh's team to critically analyze current controversies in pharmacy business, appreciate the role of community pharmacists in clinical review/MTM, and recognize the growing necessity for passionate pharmacists to make revolutionizing changes within the field.

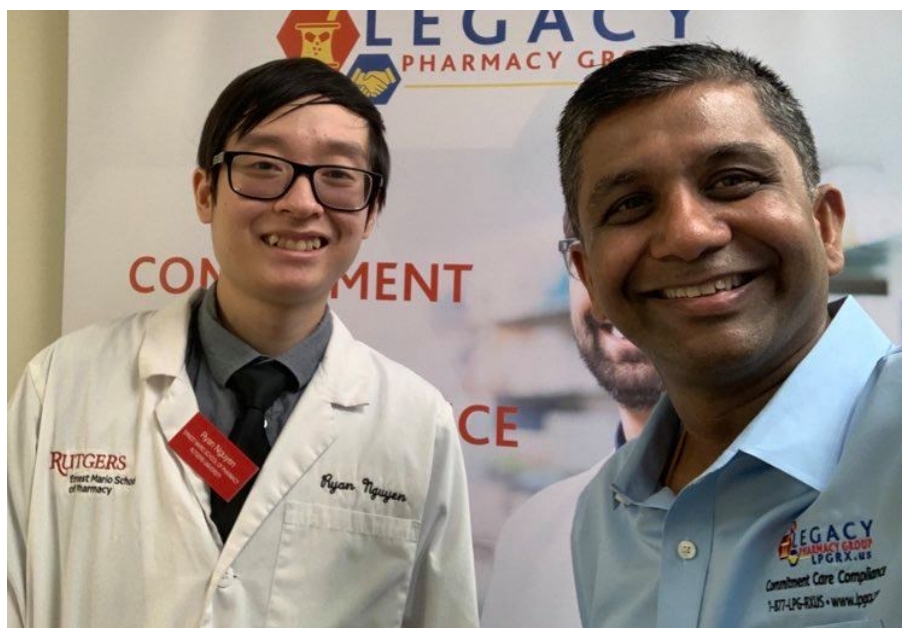
On top of all of that, Ritesh provided me with a unique opportunity to become involved in COVID-19 nasopharyngeal swab testing. As part of the urgent need for increased community testing, Ritesh had begun rolling out no-cost COVID-19 nasopharyngeal swab testing at all his community pharmacies. I had the privilege of working closely with Ritesh and his team of pharmacists to optimize the beginning stages of testing. As part of my community outreach program, I created a patient-friendly pamphlet that provided detailed information about COVID-19. By practicing how to translate primary literature into patient-friendly language, I was able to significantly improve my oral and written communication skills. Moreover, I felt that I was an integral part of the healthcare team because the pamphlet was distributed at all of Ritesh's pharmacies that provided COVID-19

testing.

Despite the aura of uncertainty surrounding daily life due to the COVID-19 pandemic, I am grateful that I was still able to acquire valuable hands-on experience with a team of passionate pharmacists. As COVID-19 will be a major part of our daily lives for the foreseeable future, I feel confident that I will be able to effectively help patients after I become a licensed practitioner next year.

**Ryan Nguyen**

**Pharm.D. Candidate 2021**



**D**aratumumab is CD38-targeting monoclonal antibody used for treatment of multiple myeloma, an insidious hematologic malignancy affecting plasma cells. Its subcutaneous (SC) formulation, daratumumab and hyaluronidase-fihj (DARZALEX FASPRO™) has just been granted FDA approval on May 1, 2020. The original intravenous formulation of daratumumab was initially approved in 2015 as a fourth line agent for treatment of multiple myeloma. Since then, it has received additional approvals in combination with other agents in earlier lines of therapy. The approval of the new formulation was based largely in part on the results from the COLUMBA trial, a phase 3, randomized, non-inferiority trial comparing the subcutaneous and intravenous formulations of daratumumab. The COLUMBA trial is summarized in the following table:

<b>Subcutaneous versus intravenous daratumumab in patients with relapsed or refractory multiple myeloma (COLUMBA): a multicenter, open-label, non-inferiority, randomized, phase 3 trial<sup>1</sup></b>	
<b>Design</b>	Phase 3, open-label, non-inferiority, randomized controlled trial
<b>Population</b>	N = 522 patients Key inclusion criteria: ≥ 18 years old Relapsed or refractory multiple myeloma Key exclusion criteria: Previous treatment with daratumumab or other anti-CD38 therapies Anti-myeloma treatment within 2 weeks of randomization
<b>Interventions</b>	Subcutaneous daratumumab and hyaluronidase-fihj 1800 mg/30000 units Intravenous daratumumab 16 mg/kg Frequency was the same for both interventions (28-day cycles) Once weekly (cycles 1 – 2), every 2 weeks (cycles 3 – 6), every 4 weeks (every subsequent cycle)
<b>Outcomes</b>	Overall response 41% (subcutaneous) vs 37% (intravenous) Infusion reactions 13% (subcutaneous) vs 34% (intravenous) Patient satisfaction Mean scores for “Satisfaction with therapy” were consistently higher in the subcutaneous group

Administration of intravenous daratumumab takes about 7 hours for the first infusion, and 3-4 hours for every infusion after. Long infusion times can affect patients’ quality of life and strain healthcare resources. One of the primary advantages of SC daratumumab is the shortened infusion time, reducing chair time from hours to about 5 minutes. Additionally, the rate of infusion reactions is dramatically lower with the new formulation. Thus, SC daratumumab represents a safer and more convenient alternative to the intravenous formulation. Daratumumab joins several other monoclonal antibodies in having a subcutaneous formulation that boasts convenience and a favorable safety profile. There are several other subcutaneous monoclonal antibodies that are under investigation, and we eagerly await the positive impact they will have in providing optimal care for cancer patients.

References:

1. Mateos MC, Nahi H, Legiec W, et al. Subcutaneous versus intravenous daratumumab in patients with relapsed or refractory multiple myeloma (COLUMBA): a multicenter, open-label, non-inferiority, randomized, phase 3 trial. *Lancet Haematol.* 2020;7(5):370-380.

**Preceptor CE Program | November 11th, 2020**

**Program title:** *Improving patient and self-care through cultural competency and wellness*

**Program objectives:**

- Identify how cultural competency and humility can improve patient care
- Discuss methods to close the gap of health inequities due to institutional racism and structural bias
- Define resiliency and contributing factors
- Identify strategies to build resiliency in students

**CE Title:** A call to action: addressing health inequity through cultural competence and activism

**Speakers:**

- Christine Dimaculangan, PharmD
- Humberto R. Jimenez, PharmD, BCPS, AAHIVP
- Navaneeth Narayanan, PharmD, MPH, BCIDP, BCPS

**Objectives:**

- Identify how cultural competency and humility can improve patient care
- Recognize the impact of social determinants of health on clinical outcomes
- Explain how to close the gap of the health inequities put forth by institutional racism and structural bias

**CE title:** Building student resiliency and well-being

**Speakers:**

- Nancy Cintron, MSW
- Richard Carlson, LCSW

**Objectives:**

- Define the meaning of resiliency
- Identify factors that contribute to resiliency
- Identify strategies to help build resiliency in students

**Agenda:**

**\*Details will be forwarded through CORE Elms with directions to register\***

<b>8:45 to 9:00 a.m.</b>	<b>Registration</b>	
9:00 to 9:30 a.m.	Welcome	Dean Donna Feudo
9:30 to 10:30 a.m.	A call to action: addressing health inequity through cultural competence and activism	Dr. Christine Dimaculangan Dr. Humberto R. Jimenez Dr. Navaneeth Narayanan
10:30 to 11:30 a.m.	Building student resiliency and well-being	Dean Nancy Cintron Richard Carlson, LCSW
11:30 a.m. to 12:00 p.m.	Precepting updates closing remarks and post-test	Dean Donna Feudo