

ERNEST MARIO SCHOOL OF PHARMACY PRECEPTOR NEWSLETTER

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Message from Dean Donna M. Feudo



Hard to believe we are already in the midst of Cycle 6 and that the ASHP Midyear Clinical Meeting is just around the corner. I'd like to take this opportunity to share some updates in this quarterly edition.

Fall has always been my favorite season—the season of gratitude. It's a time for reflection, appreciation of the good around us, and recognition of both our accomplishments and the everyday impact we have on others. We are deeply grateful for all of you, our preceptor *pharmily*, who continually “give of yourselves” to support our students and help our program thrive.

As pharmacists, service is woven into many aspects of our lives—professionally and personally. Many of you are deeply involved in community outreach, and as Mahatma Gandhi once said, “The best way to find yourself is to lose yourself in the service of others.” With that spirit in mind, we are now in our third academic year requiring community service outreach for P4 students.

Community Service Requirement

Community service plays a vital role in pharmacy education. It enhances students' awareness of cultural, religious, social, and economic diversity while helping them recognize and embrace the differences that shape the communities we serve.

All P4 students are required to complete a minimum of 24 hours of community service during their fourth professional year. Students may volunteer through:

- Rutgers RBHS Service Corps
- EMSOP-sponsored programs
- Rotation site-based outreach
- Personal/professional organizations (pharmacy advocacy, community health events, religious/faith-based service, etc.)

More information is available in the Rotation Manual on the Preceptor website. Students also have an FAQ document from orientation that they can share with you if helpful.

Why Community Service Matters

We believe that “Community Service is a Lifelong Responsibility,” and these experiences support students by:

- **Strengthening Personal Identity Formation (PIF) by reinforcing concepts taught in the didactic curriculum**
- **Advancing the mission of the university and school's strategic plans for community engagement**
- **Fostering a sense of belonging while contributing to meaningful patient care**

A Milestone Worth Celebrating

I'm excited to share that our **Class of 2026** has already completed **more than 2,400 hours** of community service since Cycle 1 began—an achievement made possible by your guidance and support. We look forward to announcing the final total in May and recognizing the recipient of the Community Service Award at graduation.

If you have questions, concerns, or a story you'd like us to feature in our next edition, please feel free to reach out.

Thank you for your continued commitment to our students and to the pharmacy profession. May this Thanksgiving season be filled with joy, gratitude, and abundance.

Take care.

DMF



Bridging Knowledge to Practice: An APPE Experience at the Jack and Sheryl Morris Cancer Center

Prepared by Alexandra Bell, PharmD Candidate 2026

Transitioning from didactic coursework to APPE rotations is one of the most challenging, yet pivotal moments in a pharmacy student's training. I stepped into my third rotation cycle, oncology at the brand new Jack and Sheryl Morris Cancer Center (MCC), without knowing what to expect, intimidated by all the oncologic managements I had learned in the classroom over 7 months ago, but optimistic for the clinical experience I was about to have.

I was fortunate enough to be one of the first two students in the Knight Scholar program at Robert Wood Johnson University Hospital - New Brunswick, a large academic medical center and teaching hospital. My third rotation in this program was precepted by Dr. David Awad, an alumni of EMSOP and the Knight Scholar program. His insight into the workings of EMSOP and the Knight Scholar program was extremely valuable, in which he made my rotation experience that much more memorable.

At MCC, I was immersed into a practice setting that serves patients with some of the most critical and challenging conditions. The rotation introduced me to the complexity of oncology management and the dynamic, interdisciplinary collaboration required to provide comprehensive patient care. Each day, I witnessed how the entire healthcare team worked together to design individualized therapy and optimize outcomes for patients and their families.

Throughout my five weeks, I engaged in a wide variety of clinical learning experiences. I participated in rounds with the hematologic malignancy team, tracked and assessed patients' therapeutic plans, and contributed to discussions on optimizing general medication regimens. I led various topic discussions and presented a complex patient case, strengthening my knowledge of oncologic management and ability to communicate information to other professionals. I conducted and presented a longitudinal medication use evaluation for the Pharmacy and Therapeutics Committee, looking into the use of an expensive medication and suggesting ways to improve use and outcomes, while decreasing costs. I also attended interdisciplinary tumor boards and quality meetings, where I acquired a deeper understanding of evidence-based clinical decisions. These experiences challenged me to think critically and apply my knowledge in real practice, while also developing the skills necessary for post-graduate training and my professional career to follow.

This growth wouldn't have been possible if it wasn't for the guidance of Dr. Awad, Dr. John Fahmy, Dr. Alyssa Cendagorta, and the rest of their amazing team. Together, they created an environment that was challenging, but supportive. They encouraged me to think critically and independently, while providing helpful feedback and mentorship. The team's commitment to teaching emphasized the importance of clinical details, professionalism, communication, and most importantly, compassionate patient care.

Reflecting on my time at MCC, I am grateful for the opportunity to learn in a dynamic, patient-centered environment. This rotation reinforced my interest in pursuing a career as a clinical pharmacist and strengthened my confidence in the role of a pharmacist on an interdisciplinary healthcare team.

I would like to extend my sincere gratitude to Dr. Awad and the entire MCC pharmacy team for their mentorship, support, and dedication to student learning. My experience at MCC was an invaluable step in my journey from classroom to clinic, and it is one I will carry forward into my professional career.



Rotation Highlight: APPE Clinical Other (BMT) at Memorial Sloan Kettering Cancer Center

Prepared by Micaela Quijano, PharmD

During my APPE Clinical Other Rotation at the Memorial Sloan Kettering Cancer Center (MSKCC) in New York City, I had a transformative and innovative experience where I was engaged with the Bone Marrow Transplant (BMT) team in a pediatric setting. My days were spent with the Pediatric BMT Team, which was composed of a hematologist-oncologist, pediatricians, fellows, nurse practitioners, a clinical trials nurse, and pharmacists. At MSKCC, I acquired extensive knowledge of treatment guidelines for BMT, cancers, graft-versus-host disease (GVHD), and bacterial and fungal infections. I am truly grateful for guided mentorship from my preceptor, Dr. Nicole Daukshus, PharmD, BCOP, a clinical pharmacy BMT specialist.

An insightful moment of my rotation was gaining a comprehensive understanding of the BMT process. The procedure of autologous transplants seemed extraordinary to me as it requires a collection of stem cells from the blood that is reintroduced back into the same patient after receiving high-dose chemotherapy. It was fascinating to learn that even patients with healthy bone marrow might still require transplants due to damage from high-dose chemotherapy or radiation. Additionally, I participated in medication reconciliations with patients post-BMT. My understanding of approaching treatment grew from leading topic discussions involving, chemotherapy-induced nausea and vomiting (CINV) and community-acquired and hospital-acquired pneumonia (CAP and HAP).

At MSK, I wrote a journal club on the REACH-4 study, assessing ruxolitinib use in pediatric patients with treatment-naïve and steroid-refractory acute graft-versus-host disease. Acute GVHD (aGVHD) is related to BMT as it is a complication that typically happens within 100 days of stem cell transplant. On rounds, I learned about glucocorticoids, such as methylprednisolone and prednisolone. These are first-line treatment options for grades II-IV aGVHD. However, 6-month survival rates of glucocorticoids are at about 50%, with long-term survival rates at 5-30%. Thus, ruxolitinib has been studied in patients undergoing BMT. Through this journal club, I gained a comprehensive understanding of an interesting alternative for aGVHD, ruxolitinib, an FDA-approved oral selective Janus kinase 1 and 2 inhibitor for second-line steroid-refractory aGVHD in patients 12 years and older.

In retrospect, I have gained a deep appreciation for the mentorship that MSKCC provided for me. Working with complex disease states and state-of-the-art treatment paradigms was impactful for my professional development as a future pharmacist. My experience in pediatric BMT underscored the importance of establishing treatments with the purpose of decreasing major side effects of treatment before BMT and preventing and treating infections after transplant. I am eager to contribute to groundbreaking advancements in oncology in my future roles with the application of everything I learned at MSK and in the field of pharmacy.

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Rotation Highlight: New Jersey Poison Control Center

Prepared by Michelle Kim, PharmD

My first APPE rotation was at the New Jersey Poison Control Center with Bruce Ruck, PharmD, DABAT. As the only poison center in New Jersey, it operates 24/7, in assisting the public and healthcare professionals in the diagnosis, treatment, and prevention of poisoning. This center deals with a wide range of poison exposures including but not limited to drugs, chemicals, and foods. The specialists who answer the poison control hotline, known as Specialists in Poison Information (SPIs), are trained healthcare professionals such as nurses, pharmacists, physicians, and physician assistants. When additional medical consultation is needed, healthcare providers can also request to speak to medical and clinical toxicologists at the center. My time at the poison control center has provided me with first-hand experience of the crucial role poison centers play in promoting and protecting public health.

Every day, we reviewed the calls received that morning and from the night before with our preceptor. The cases were diverse, ranging from ingestions of household chemicals to accidental swallowing of magnets or batteries, and drug overdoses. After reviewing cases, we were often assigned cases to follow up, making supervised calls to check on how the patients were doing. Throughout our rotation, we also worked on data collection projects and attended various lectures, grand rounds, and conferences led by medical and clinical toxicologists.

One case that particularly resonated with me was a case of a patient who had been admitted for seizures after consuming a Diamond Shruumz-branded chocolate bar. This was not an isolated case, as similar cases had already been reported in New Jersey and other states. All case data from poison centers are de-identified and stored in the National Poison Data System allowing for analysis of cases to look for patterns that may indicate any drug adverse events or contaminated food potentially leading to product recalls. This case helped me realize the importance of reporting all cases related to poisoned patients, even if it is after they have recovered, to help protect public health.

This rotation at the New Jersey Poison Control Center was an invaluable experience that deepened my understanding of the critical role these centers play in public health. This experience has not only enriched my clinical knowledge but also reinforced how important reporting and collaboration are to addressing public health challenges. I am grateful to have had the opportunity to contribute to various projects and will carry these lessons forward in my professional journey as a pharmacist.





Pharmacy Student Experiences Transitioning from Didactic Curriculum to Real Life Practice on Rotations

Prepared by Samantha Li, Jimin Yun, and Ariel Zhuo, PharmD Candidates 2026

Starting our Advanced Pharmacy Practice Experience (APPE) rotations marked a major shift from the classroom to the clinical world. It is a transition that has challenged us to adapt to new environments and think more critically, and acclimate quickly to real-life patient care.

One of the first changes we quickly noticed was our schedule. We went from a flexible schedule to a fixed one, where every day brought new patients, new problems to solve, and new learning opportunities. Instead of studying for exams, we found ourselves reading guidelines, clinical trials, and case reports to prepare our answers to other health care professionals, presentations including journal club and patient cases, and topic discussions.

Another change was the patient interaction and counseling. During our rotation at Hunterdon Medical Center, we had the opportunity to interact with patients with a wide range of disease states through counseling them on newly initiated medications at the hospital. These experiences taught us that patient counseling isn't just about delivering information—it's also about how we present that information. The way we speak, the words we choose, and the empathy we show can all influence how patients receive and process what we're saying, especially when they're feeling overwhelmed or vulnerable. In addition, the process of working up the patients prior to the counseling has been a valuable learning opportunity as it forces us to learn the brand names, indications, and side effects of the medications used in the patient's therapy. We also had opportunities to catch potential medication-related errors, such as inappropriate drug selections, which reminded us how important a pharmacist's role is in ensuring patient safety. Doing New Medication Counselings, especially for patients who couldn't communicate, showed us how small details can make a big difference. It helped us see how we can support the team by catching things that might've been missed.

In the Intensive Care Unit (ICU) at Hunterdon Medical Center, we had the opportunity to observe many critically ill patients and participate in rounding with a multidisciplinary team, including physicians, medical residents, nurses, nurse practitioners, and other specialists. During rounding, we reviewed imaging, lab values, and patient trends to make clinical decisions that optimize patient care. The opportunity allowed us to see the perspectives of other members on the team and how valuable each person's input is to providing the best possible care to the patient.

One of the most eye-opening parts of our experience was learning to see patient care through multiple lenses; not just from the pharmacist's perspective, but also the physician, nurse, and most importantly, the patient. Being part of the medical team helped us understand the different roles and responsibilities that each team member holds. We learned how to tailor our recommendations based on each audience's concerns and language. This interdisciplinary exposure from rotations allowed us to grow not only as student pharmacists, but also better communicators and collaborators.

Pharmacy Student Experiences Transitioning from Didactic Curriculum to Real Life Practice on Rotations

Prepared by Samantha Li, Jimin Yun, and Ariel Zhuo, PharmD Candidates 2026
(continued)

We also gained first-hand experience in medication reconciliation, an essential yet often overlooked part of patient care. Reviewing home medication lists, identifying discrepancies, and clarifying regimens helped us understand the importance of literature and attention to detail. These reconciliations sometimes revealed potential duplications, omissions, or interactions, reinforcing the critical role pharmacists play in preventing adverse outcomes.

Throughout our rotation, the emphasis on the mechanism of action (MOA), dosing, and brand/generic names became even more apparent. Understanding these components allowed us to explain therapies more clearly to patients and providers, and ultimately become more confident in our clinical decision-making.

What made our rotation truly memorable were the relationships we built, with patients, preceptors, and each other. The shared moments, including the lighthearted ones (ex: our picnic) helped strengthen our connection as a team and reminded us to celebrate shared experiences and a sense of togetherness.

As we continue throughout the APPE journey, this rotation will remain a foundational experience that shaped our clinical approach, deepened our empathy, and strengthened our knowledge. We're grateful for the guidance, support, and opportunities that have helped us grow both professionally and personally.

