

# ERNEST MARIO SCHOOL OF PHARMACY PRECEPTOR NEWSLETTER

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## Message and Updates From Dean Donna M. Feudo

Dear Preceptors,

Hard to believe that graduation has passed, and we are already at the end of cycle 3 of the new rotation academic year. We would like to thank all of you for your work, support and dedication to our students as without you the program would not be successful. We had the pleasure of Dr. Saira Jan, Vice-President & Chief Pharmacy Officer at Horizon Blue Cross Blue Shield of New Jersey speak at the commencement. She encouraged students to “pause and reflect, find your passion, set expectations for yourself with a high standard, and believe that you can make a difference in this world individually and collectively. Remember you will have successes and failures in life, but you should not let the moments defeat you but DEFINE you. Get out of your comfort zone to grow and push yourself to achieve your full potential. Find mentors and leaders that will support you, inspire you, encourage you and contribute to your success. Find organizations that need you and develop you.” She also implored the graduates to “Dream big, work hard and believe in yourself and trust that the path for success will be paved for you.”



Also, at commencement we honored Donna Shiffman, BSPHarm, RPh who was recognized by the class of 2024 for her dedication to teaching and mentoring of the students along advocating for the profession of pharmacy.

Thank you to all preceptors who attended the EMSOP Preceptor Teaching and Learning Bootcamp CE program hosted on July 16th. We were very happy to host the program on campus and catch up with many of you personally. We hope to secure a date in the spring next year as we received such valuable feedback on offering the program again, please stay tuned for updates by the end of the year.

During the CE program, I offered some highlights for our program and wish to share with you:

- Our ACPE Accreditation took place in October 2021, and we were reaccredited for another 8 years to 2029
- New accreditation standards have been announced and work will begin to evolve program to be in compliance for July 1, 2025



- Common themes of standards involve a requirement of interprofessional communication and collaboration of providers on Advanced Pharmacy Practice Experience rotations (APPE) along with exposing students to diverse populations that include age; gender; neurodivergent, race/ethnicity, and socioeconomic factors; and disease states
- The majority of the APPE curriculum is focused on patient care utilizing the Pharmacist's Patient Care Process (PPCP)
- The Introductory Community and Hospital/Institutional Pharmacy Practice Experience rotations (IPPE) are to involve students in common contemporary U.S. practice models, including interprofessional practice involving shared patient care decision-making, professional ethics and expected behaviors, and patient care activities

We are looking for 4-5 preceptors who would like to join our Experiential Education committee if you have interest and time, as we have begun work already. If you have interest, please email [rotation@pharmacy.rutgers.edu](mailto:rotation@pharmacy.rutgers.edu). We expect the committee to meet once a month.

Once again, we sincerely appreciate all the time, effort and dedication you offer our students and program and are grateful for your support as you share in our success.

## Calling all Residency and Fellowship Programs!

The Ernest Mario School of Pharmacy, Rutgers the State University of New Jersey welcomes you to the Annual Residency and Fellowship Showcase. Please use the registration link below to register!

Registration link: [https://rutgers.ca1.qualtrics.com/jfe/form/SV\\_2ntVLEGvLPn4Quy](https://rutgers.ca1.qualtrics.com/jfe/form/SV_2ntVLEGvLPn4Quy)

Location: (New location!) The Livingston Campus Student Center: 84 Joyce Kilmer Ave, Piscataway, NJ 08854

Date: Friday, September 20, 2024

Setup: 9 am-9:30 am

Showcase: 9:30 am-11:30 am

Thank you for your attendance at the showcase and your support, our students appreciate this opportunity to meet with you and learn about your residency / fellowship program.

Respectfully,

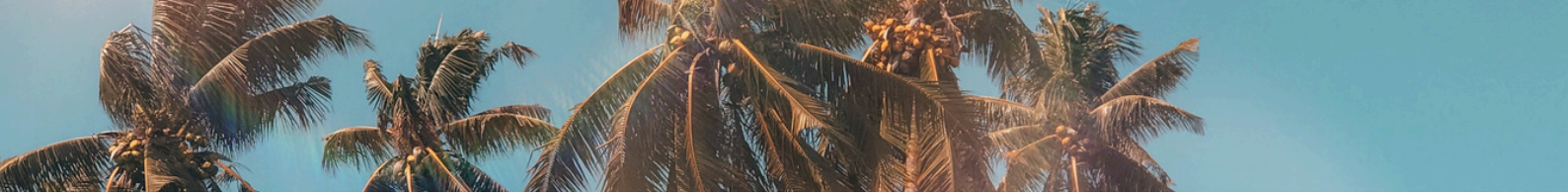
Ashmi Philips, PharmD, AAHIVP | Pooja Shah, PharmD, BCPPS  
Residency / Fellowship Showcase Coordinators

## A Cycle 1 You'd Never Expect

Prepared by Erin Haney and Jane Witkin, PharmD Candidates 2025

Walking into the Crownpoint Healthcare Facility on our first day, we knew little about the work at the Indian Health Services and even less of what life is like as a Native living on the reservation. However, by the time we walked out on our last day, we left a community that had become our home away from home.

The rotation at IHS is something we had both wanted to do since we learned about the opportunity. When we arrived at Crownpoint for the first day the team gave us little time to be bored and quickly immersed us in patient care. We certainly felt a bit overwhelmed, admittedly no one expects to counsel an inmate on day one of their Cycle 1 APPE rotation. However, with the help of the amazing team of pharmacists and technicians we learned quickly and adapted to the new environment. Over the course of the rotation, we were given countless opportunities to challenge our clinical knowledge and make a direct impact on patients. Each of us counseled anywhere from 10-20 patients a day, reviewed patient charts, and made recommendations to physicians on how to optimize treatment regimens. It was inspiring to see the level of care the pharmacists provided to their patients. They would not hesitate to spend 10 to 20 minutes counseling a single patient, reminding us that despite the chaos a pharmacy can present, the patient's health and well-being should always be our first priority.



The remarkable clinical opportunities were not without their challenges. Most of our patients easily traveled 1 to 2 hours to receive care, many of whom struggled to afford such a long trip. We assisted in managing diseases like diabetes, hypertension, and hypothyroidism. However, in treating cases of sexually transmitted diseases as well as substance and alcohol use disorders we came to recognize the health disparities faced by the Navajo community. While these are disease states we commonly see on the east coast, it was eye opening to see first-hand how social determinants of health play a role in the frequency of these cases and the lack of options patients have to seek specialty care. Additionally, we learned only 40% of Natives on the reservation have access to running water contributing to the frequency of communicable diseases. Much of what we witnessed served as a reminder of the extent to which historical travesties continue to play a role in current barriers to care and quality of life within the community. It was humbling to have the chance to serve these patients and have a positive impact on their health.

Despite the emotional and clinical challenges of this rotation, it was an amazing opportunity that neither of us took for granted. We wholeheartedly recommend students to consider applying for this rotation. We were able to make some amazing memories along the way, not only on-site at IHS but on our journey to New Mexico and throughout our weekends as well. We decided to cross off a bucket list item and complete a 9-day cross country road trip to get from Delaware to New Mexico, covering 11 states and 3,000 miles. We had delicious barbeque in Tennessee and Kansas, stayed in an old west town in Colorado with a population of 713, and had to turn back early while hiking in the Rocky Mountains due to an avalanche blocking our trail. Once we arrived at IHS, we made the most of our weekends, surviving a 100 degree hike in the Grand Canyon and helping serve a local community farm in Crownpoint by herding sheep on one of our days off. It was truly the trip of a lifetime, and our fond memories of this whole experience were only amplified by the amazing team we worked with at Crownpoint. The team at IHS made us feel like part of their family, inviting us to their weekly summer barbeques and supporting our professional growth along the way.

A special thank you to our preceptor, LT Clarissa Wu for what could not have been a better first APPE rotation. We also extend our gratitude to the pharmacists we worked closely with: LT Jackie Yembu, Raul Flores, Efosipo Aturu (Dr. E), LT Shoghi Agbortoko, Christine Castillo, Mussie Negash, Caroline Jensen, Hieu Tran and the amazing pharmacy secretary Guanita Tahe. Lastly, but certainly not least, we cannot thank the pharmacy technicians enough—Lynta Martinez, Courtney Yazzie, and Tyrone Antonio—for their endless support throughout the rotation from helping us acclimate to the new workflow, familiarizing us with Native culture, and often serving as translators for our Navajo speaking patients. This was truly an opportunity of a lifetime and we are so grateful to have had the chance to serve the Navajo community in Crownpoint, New Mexico. We cannot say Ahéhee' (Thank You) enough to the experiential department here at EMSOP, particularly Dean Feudo, Mrs. Da Silva, Professor Allunario, and Ms. Jo, for allowing us to serve in New Mexico and to everyone at Crownpoint for making this experience one we will cherish for a lifetime.



# Challenges in Pediatric Pharmacy Practice - Reflections from Pediatric Rotation at Cooperman Barnabas Medical Center

By Mahmoud Ajaj, PharmD

There is an oft-repeated phrase in the pediatric world: Children are not just small adults. In the pharmacy world this means that children cannot be dosed like adults; they need added precautions when determining the safety and efficacy of a given drug for a particular indication. These precautions are not just due to their size, but also due to differences in physiology leading to additional pharmacokinetic and pharmacodynamic considerations when it comes to drug selection and treatment. These changes can render what would normally be a benign drug in adults to be potentially harmful in children.<sup>1</sup> In my time as a student at Cooperman Barnabas Medical Center (CBMC), I have learned about how pediatric units handle the challenge of dosing and administering medications and the barriers towards treating a sick child.

The challenges in pediatric pharmacy go beyond physiological differences and even extend into areas of law. Central to the development of clinical guidelines is the interpretation of clinical studies, which was difficult in the United States due to the regular exclusion of children from clinical trials. There are several pieces of legislation which sought to increase the inclusion of children in clinical trials. The 2003 Pediatric Research Equity Act (PREA) required pharma companies to include children in clinical studies for drugs that might be used in children but were not adequately studied prior. It was the first legislation to mandate the inclusion of pediatric safety and efficacy data in New Drug Applications (NDAs).<sup>2</sup> A previous legislation, the 2002 Best Pharmaceuticals for Children Act (BPCA), was a renewal of the FDA Modernization Act (FDAMA) of 1997.<sup>2</sup> It included provisions that would offer 6 months of additional marketing exclusivity if a company studied their drug in children. In 2012, the FDA Safety and Innovation Act (FDASIA) made BPCA and PREA permanent, codifying the inclusion of children in future research studies.<sup>3</sup>

Nonetheless there are still many drugs which pediatric clinicians would benefit from having investigated further through clinical trials.<sup>4</sup>

Would it be clinically appropriate to give a child a drug such as dexamethasone in a shot of alcohol? A major challenge in pediatric pharmacy is the availability of dosage forms that are both suitable and palatable for children.<sup>4</sup> At CBMC, children varied in how well they would tolerate tablets. This meant that liquid formulations were helpful; however, there were challenges that came with giving liquid drugs. For example, dexamethasone oral solution is 30% alcohol and only contains 0.5 mg of dexamethasone per 5 mL of solution. A 10 mg dose would need 100 mL of oral solution and contain 30 mL, or nearly one shot, of alcohol. Furthermore, if the child does not like the taste of the solution, it can make adherence more difficult. Pediatric pharmacists are creative in that, instead of inserting an IV line, they often administer the IV formulation, which is 10 mg/mL, orally.<sup>5</sup> Pediatric pharmacists experience many hurdles, from the nuances of safe and effective dosing - in the absence of abundant clinical studies or standardized guidelines, to complications in monitoring due to differences in labs and vitals versus adults, to administration considerations of making medications both practical and palatable for a child to receive. The inclusion of children in clinical studies has benefitted the pediatric pharmacy world, but more work can be done to provide formulations that are appealing and practical to give to children.

## References:

- 1 Anderson BJ, Lerman J, Coté CJ. Pharmacokinetics and pharmacology of drugs used in children. In: Elsevier eBooks. ; 2019:100-176.e45. doi:10.1016/b978-0-323-42974-0.00007-0
- 2 Yao L. FDA and BPCA. Food and Drug Administration. Published February 26, 2018. [https://www.nichd.nih.gov/sites/default/files/2018-03/05-FDA\\_BPC\\_%20PRGLAC\\_Yao.pdf](https://www.nichd.nih.gov/sites/default/files/2018-03/05-FDA_BPC_%20PRGLAC_Yao.pdf)
- 3 Office of the Commissioner. The pediatric exclusivity provision. U.S. Food And Drug Administration. Published April 21, 2022. <https://www.fda.gov/science-research/pediatrics/pediatric-exclusivity-provision>
- 4 Balan S, Hassali MA, Mak V. Challenges in pediatric drug use: A pharmacist point of view. Research in Social and Administrative Pharmacy. 2017;13(3):653-655. doi:10.1016/j.sapharm.2016.06.014
- 5 Medical Direction and Practices Board White Paper - Dexamethasone Administration: Using the Injectable Formulation Orally in Children. maine.gov/ems. Published September 13, 2019. Accessed January 24, 2024. <https://www.maine.gov/ems/sites/maine.gov/ems/files/inline-files/Dexamethasone-PO-White-Paper-20190913.pdf>



# ADVANCED PHARMACY PRACTICE EXPERIENCE ROTATION SCHEDULE 2024 - 2025

**CYCLE 1 (5/20/2024- 6/21/2024)**

**MEMORIAL DAY - MONDAY, MAY 27TH (IPPE ROTATIONS END 6/14/2024)**

**CYCLE 2 (6/24/2024 - 7/26/2024)**

**INDEPENDENCE DAY - THURSDAY, JULY 4TH  
(IPPE ROTATIONS END 7/19/2024)**

**CYCLE 3 (7/29/2024 - 8/30/2024)**

**(IPPE ROTATIONS END 8/23/2024)**

**CYCLE 4 (9/2/2024 - 10/4/2024)**

**LABOR DAY - MONDAY, SEPT 2ND**

**CYCLE 5 (10/7/2024 - 11/8/2024)**

**CYCLE 6 (11/11/2024 - 12/13/2024)**

**THANKSGIVING - THURSDAY, NOVEMBER 28TH**

**NOTE: STUDENTS ATTENDING MIDYEAR WILL END THEIR CYCLE 6 ROTATION  
DECEMBER 20, 2024**

**ASHP MIDYEAR CLINICAL MEETING AND EXHIBITION 2024**

**DATES: DEC. 8-12, 2024 NEW ORLEANS, LA**

**\*FOR THIS ACADEMIC YEAR, WE WILL CONSIDER AND WITH THE SUPPORT OF PRECEPTORS' DECISIONS IN ALLOWING STUDENTS 3 (OR 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 PRECEPTORS 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. 13TH.**

**CYCLE 7 (1/6/2025 - 2/7/2025)**

**CYCLE 8 (2/10/2025 - 3/14/2025)**

**SPRING BREAK: 3/15/2025 - 3/23/2025**

**CYCLE 9 (3/24/2025 - 4/25/2025)**

**AMERICAN PHARMACISTS ASSOCIATION (APHA) ANNUAL MEETING & EXPOSITION 2025**

**DATES: MARCH 21-24, 2025 NASHVILLE, TN**

**\*\*HOLIDAYS & ANY ABSENCES\*\***

- STUDENTS ARE INSTRUCTED TO HAVE PERSONAL DISCUSSIONS WITH THEIR PRECEPTOR ON SCHEDULE CONFLICTS.**
- STUDENTS ARE NOT TO ASSUME THEY ARE NOT TO REPORT TO AN ASSIGNED ROTATION SITE ON A SPECIFIC HOLIDAY DATE AND MUST NOTIFY THEIR PRECEPTOR AND THE SCHOOL OF PHARMACY OF ANY ABSENCES AS PER THE EMSOP ABSENCE POLICY.**
- ANY MISSED TIME FROM ROTATION IS EXPECTED TO BE MADE UP AS PRECEPTOR MUST SIGN OFF FOR IPPE 160 HOURS, APPE 200 HOURS FOR ROTATION.**