EXPERIENTIAL LEARNING PROGRAM

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Upcoming Events:

APhA Pharmacy-Based Immunization Delivery
Saturday, November 12, 2011
8:00 am – 6:00 pm
University of Maryland School of Pharmacy
Baltimore, MD

MSHP Fall CE Seminar
Saturday, November 12, 2011
8:00 am – 4:30 pm
Conference Center at the Maritime Institute
Linthicum, MD

MD-ASCP and MPhA Joint Midyear Meeting
Sunday, February 12, 2012
8:00 am – 4:30 pm
Conference Center at the Maritime Institute
Linthicum, MD

Welcome to the Maryland Academy of Preceptors

Welcome these 59 preceptors who were recently appointed by Dean Natalie D. Eddington, PhD, FAAPS, to the Maryland Academy of Preceptors.

Jubike Adewale
Melissa Andrews
Benjamin Akintan
Ryan Baker
Dana N. Brown
Vi Do
Joan Dubinsky
Mark Epstein
Kendra Gorby
Kendall Grizzard
Yara Haddad
Hawa Kabir
Patel Kirit
Yvonne C. LeBlanc
Zachary Leslie
Farzana Musawwir
Rakeshkumar Patel
Ashley Lynn Quintili
Flavia Rasetto
Meagan Rushe
Soumi Saha
Kate Scott
Michael Shiber
Jason D. Smith
George Afari
Oluyemisi Alakija
Aleksandra Beselman
Rosemary Botchway
Mary Casciano
George Chang
Alison Chilipko
Maria A. Cowan
Megan Davlin
Jacqueline Douge
Susan Downard
Alison Duffy
Bryna Ewachin
Donald Gerhart, Jr.
Steven Gilmore
Nicole Kiehle
Catherine Kiruthi
Amy M. Lugo
John Nazzaro
Truong-Vinh Phung
Jennifer Roby
Brenna Simcoe
Nicole Simone
Jessica Taylor
Robert Thornton

Welcome to the Maryland Academy of Preceptors

From the Director

Dear Preceptors,

Having celebrated American Pharmacists Month, National Hospital and Health-System Pharmacy Week and American Pharmacy Educator Week, all happening in October and coincidentally during the harvest season, the School and the Experiential Learning Program Team, including Ms. Kim Ladjabi, Ms. Loretta Taylor, Mr. Bryan Rewers, and myself, would like to express our sincere gratitude to each of you for being our valuable preceptors. As clinical faculty, you have a vital role in bridging student pharmacists from didactic education in the classroom to experiential learning rotations in the real-world. You have provided your expertise, guidance, time, and energies to teach and mentor countless student pharmacists for the future of the pharmacy profession. You have shaped and continue to transform tomorrow’s pharmacists today. For all your contributions to the ELP, including over 30% of the pharmacy curriculum and 1800 hours for each student pharmacist, we are grateful for your dedicated teaching and service. (Cont’d. page 3)
Dean’s Corner

Natalie D. Eddington, PhD

As most of you know, the School of Pharmacy’s Experiential Learning Program (ELP) is entering a time of transition, a time in which we will be seeking new leadership for this core element of our School’s PharmD curriculum.

Transitions, as uncertain as they may be, are truly an opportunity for introspection and innovation. I’ve created a committee of faculty, staff, and preceptors tasked with recruiting a director for the program who will lead our talented ELP staff and our preceptor team in meeting the practice experience needs of our students. I fully expect the search committee to recommend a candidate who will bring new ideas and a proven track record of success. I hope you will let me know of any characteristics or candidates you would like the search committee to consider as they have begun their work.

In the interim, our ELP staff, currently led by acting director Hoai-An Truong, PharmD, MPH, an assistant professor of pharmaceutical health services research, will continue to work hard meeting the needs of both our students and you, our preceptors. Your loyalty to and enthusiasm for our School during this transition period is a motivating factor in ensuring the continued success of our program. I am grateful to each of you for your service to our students and our School.

Natalie D. Eddington, PhD, FAAPS
Professor and Dean
neddingt@rx.umd.edu

“Pearls for Precepting” from a Preceptor-of-the-Year

Joshana K. Goga, PharmD, 2011 APPE Preceptor of the Year

I remember being a pharmacy student a decade ago, full of many questions but uncertain how and when to address them. The treatment team was full of people with different skills and personalities who appeared completely efficient, what could I do to add to their productivity?

In orienting my pharmacy students, I have always kept my personal challenges in mind in an attempt to relate to them and understand their motivations. On the first day, I clearly list their tasks and responsibilities for them, while also setting my expectations. I often look into wide, anxious eyes likely asking themselves, “How did I land at a psychiatric facility for my general hospital rotation?” However, by the completion of the orientation, I see their shoulders relax and twitches of smiles forming on their face once knowing what their next task will be.

I leave my office door open at all times so my students can pop their heads in with computer-related questions or to discuss a patient case. In discussing patients, I follow their questions with additional queries to stimulate their analytical minds and to remind them that this rationale trait distinguishes us as humans. We often discuss global issues, and I encourage them to form an opinion on healthcare reform or the newest FDA black box warning. By the end of the first week, their hesitation subsides and before I know it we have many therapeutic questions to follow up on.

I instill independence in my students and encourage them to translate their accumulated knowledge, which has been built from years of lectures, into active interventions that are specific to our patients. My students have reached out to community physicians, family members, pharmacies and long-term care facilities to obtain histories as well as to evaluate the outliers to standards of care. They interview geriatric patients for a medication history and medication counseling only to discover that, in addition, they have just fulfilled one of the most basic needs of humanity – another human to interact with. My students lead Patient Medication groups, review topics such as STOPP criteria with the psychiatrist, and present cases focused on the most current standards to an audience of medical students.

I provide continuous feedback to my students, and guide them in acknowledging their strengths and weaknesses. They learn to appreciate their strengths and, surprisingly, ask me to expand on areas that need improvement. They often leave the last day saying, “I just got comfortable here” or “the docs should just ask the pharmacist those questions instead of the time consuming process of a medical consult.” I smile in response with a feeling of complete satisfaction.
Preceptor News

Lauren Angelo, PharmD, MBA
Highlighted in an article about the 4th Annual “Help Stop the Flu” Campaign at the Universities at Shady Grove

CAPT James Bresette, PharmD
Selected as Co-Honorary President of the Alumni Association

Kristen Fink, PharmD, BCPS, CDE
Received the 2011 Lambda Kappa Sigma Distinguished Young Pharmacist Award

Brian Hose, PharmD
Installed as President-Elect of the Alumni Association and the Maryland Pharmacists Association

Mandy Kwong, PharmD
Installed as Vice President of the Alumni Association

Cherokee Layson-Wolf, PharmD
Represented the School at the Launch of a National Medication Adherence Campaign: “Script Your Future” and spoke on a Panel with Regina Benjamin, MD, MBA, U.S. Surgeon General

Neil Leikach, RPh
Installed as President of the Maryland Pharmacists Association

Carol Stevenson, PharmD
Installed as Chairperson of the Maryland Pharmacists Association

Hoai-An Truong, PharmD, MPH
Installed as President of the Alumni Association

Kathryn Walker, PharmD
Received the 2011 Maryland Pharmacists Association Innovative Practice Award

Kristin Watson, PharmD
Selected as the School’s AACP Teacher of the Year

From the Director (Continued from page 1)

ELP Service Recognition. Speaking of service, I would like to recognize past and current individuals of our ELP team. First of all, please join me in thanking former director, Dr. Cynthia Boyle, for many years of leadership and service and wish her the best in her new role as department chair at UMES. Most importantly, please help me to express our appreciation for Ms. Kim Ladjabi, Coordinator, and Ms. Loretta Taylor, Academic Program Specialist, during their milestone year of service and contributions “above and beyond the call of duties” over the years and especially during this challenging transition time. Kim has worked loyally in the ELP office for about 15 years, and Loretta has again, please congratulate Kim and Loretta for their vital service on the ELP team.

ELP Team Status. Regarding the ELP team, I want to share good news about the addition of a part-time member to relieve our ongoing short staff and provide updates on the search for the new ELP director. Please welcome Mr. Bryan Rewers, Administrative Assistant II, to the ELP team. I am excited to have him on board. As some of you already know, I am not putting my hat in for the ELP directorship, yet I am glad and thankful to serve as acting executive director to ensure continued operations and smooth transition. I am also happy to serve on the search committee, being chaired by Dr. Mary Lynn McPherson, so if you are or know of interested candidates, please let us know.

Firs IPPE Rotations for the Class of 2015. As you read this newsletter, first year student pharmacists have just completed their first rotations – IPPE 101 and 103 – Introduction to Community and Institutional Professional Practice. The class of 2015 has been eager and enthusiastic to apply their knowledge to practice. Thank you all IPPE 101 and 103 preceptors as first practitioner-educators to introduce them to pharmacy practice.

APPE Rotations for 2012-2013 under Preparation. It is hard to believe that we are more than half way through the 2011-2012 rotations for the class of 2012, and it is time to plan for the 2012-2013 rotation cycle for the class of 2013. Starting in November, the ELP office will ask for your availabilities for May 2012 through April 2013. Thank you again for precepting our class of 2012 students, and we ask that you kindly provide as many availabilities as possible for our class of 2013 students also.

ACPE Re-Accreditation Self-Study Process. As you may already know, the School has initiated a yearlong self-study process to prepare for the ACPE re-accreditation site visit scheduled for October 30 to November 1, 2012. To ensure that preceptors are involved as key external stakeholders, we have invited several preceptors to serve as representatives on the steering committee and in the yearlong self-study process.

Preceptor’s Quality Assurance, Assessment and Advisory (PQAAA) Council. While ACPE re-accreditation currently occurs every six years and potentially every eight years going forward if pharmacy schools receive high marks, I believe that it is essential to implement an official and ongoing, continuous quality improvement process for assurance. I also think that it is equally important to seek preceptors’ advice and input for the ELP. Therefore, we will be creating a “Preceptor’s Quality Assurance, Assessment and Advisory (PQAAA) Council” (“PQ Triple A Council”). I will work with the new ELP executive director to identify and invite preceptors from a variety of practice settings and experiences to join this newly formed PQAAA. Please stay tune for more details or let me know if you have suggestions.

Please contact our ELP team if you have questions or need support as preceptors. We are here for you, as you are here to help us educating tomorrow’s pharmacists. Once again, on behalf of the ELP team, I thank you for your continued support of our ELP through your teaching and service and wish you a successful and wonderful harvest season.

Hoai-An Truong, PharmD, AE-C, MPH
Acting Executive Director of ELP

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Maryland Mentor
A Newsletter for the Maryland Academy of Preceptors

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**Preceptors and Students “in Action” at MTM Clinic**

Preceptor Faramarz Zarfeshan, RPh with students and patient in clinic.

Dr. Swift with pharmacy resident Susan Pajak

Resident Susan Pajak, PharmD with student

Preceptor Heather Congdon, PharmD with students, patient, and interpreter

**Pharmacy Model for Medication Therapy Management Improves Patient Health, Instructs Students**

Pharmacists’ time with patients is invaluable within the interprofessional model, says medical director.

By: Steve Berberich, UMB News Bureau Officer

Student pharmacist **Samuel Akinyele** noticed on her chart that Maria’s blood sugar was too high. He suspected that her insulin dose was too low. Akinyele reviewed her medications with volunteer pharmacist **Faramarz Zarfeshan**, RPh, who brought a physician and other team members into a huddle.

Akinyele and other University of Maryland School of Pharmacy students at the Mercy Health Clinic in Gaithersburg, Md. are learning firsthand about the remarkable effectiveness of medication therapy management (MTM), a hot new pharmacy trend in interprofessional health care.

Meanwhile, patients in the MTM program are getting better all the time, says Mercy’s medical director **Nancy Ripp Clark**. She says MTM provides some underserved patients with medication reviews while it provides experiential rotations for fourth year pharmacy students and pharmacy residents.

In 2009, the School of Pharmacy, ALFA Specialty Pharmacy of Columbia, Md., the Primary Care Coalition of Montgomery County, and the free, not-for-profit Mercy Health Clinic collaborated to provide MTM in an interprofessional model. At Mercy, patients with high risk, multiple medical conditions, and multiple medications are referred to MTM for medication reviews and management. Results from clinical outcomes data analysis of patient health confirm team members’ observations of a resounding success for the model.

**The model is also receiving national recognition. Most recently, the American Diabetes Association presented the MTM team with its Promising Practice Award of Excellence.**

The team includes three pharmacists, two physicians, two nurses, two pharmacy residents, and three pharmacy students at a time, plus, when needed, language interpreters, nutritionists, and social case workers. In the first 18 months, 130 patients have been seen and more than 1,000 medications reviewed, averaging eight medications per patient.

In Maria’s case, the MTM team reached a collective decision to switch the 50-year-old Spanish-speaking patient to a different type of insulin that would better disseminate throughout her bloodstream and better suit her lifestyle. Maria’s problem might have lingered without the MTM teamwork approach and was perhaps partly due to her language barrier. She couldn’t explain that she is not able to mediate several times a day.

With MTM, pharmacists’ time with the patients is invaluable, says Mercy Health Director Clark. “Pharmacists provide in-depth health care and excellent teaching. As pharmacists they have given us insight into certain channels for ordering certain types of medications. They are very up to date on medication interactions and side effects,” Clark says.

Each pharmacy student sees five patients every Thursday. They review the patients’ medications, take their blood pressure and pulse, and discuss any side effects. “One of my patients today was taking meds from somewhere else, and I reviewed this with Dr. Zarfeshan,” says Akinyele.

According to **Rosemary Botchway**, MS, director for the Center for Medicine Access at the Primary Care Coalition (PCC) of Montgomery County, the program now offers free access to 38 generic drugs. Also pharmaceutical companies, through a program called Medbank, provide free brand name medications to people who cannot afford to buy their medicine. The PCC is a private, non-profit, charitable organization working with public/private partners to provide high-quality, accessible, equitable, efficient, and outcome-driven health care services for low-income, uninsured County residents.

“I am very excited to be part of the team here,” says the PCC’s community pharmacy coordinator, **Tanya Dang**. She analyzes the clinical outcomes data from patient charts and sends it to the Health Resources and Services Administration (HRSA) [Patient Safety & Clinical Pharmacy Services Collaborative (PSPC) monthly]. “That helps tell our story at the national level.” The federal agency set up a national initiative of collaboration with a goal “to provide health care quality and outcomes through integration of evidence-based clinical pharmacy services within interprofessional health care teams,” states the HRSA web site.
Pharmacy Model for Medication Therapy Management Improves Patient Health, Instructs Students
(Continued from page 4)

Each month Dang participates in a conference call with HRSA. “The monthly conference makes me so happy to realize that the patients are definitely getting better,” she says. There are about 128 HRSA-associated collaborative nationwide. The MTM model is the only such collaborative in the state [participating in the HRSA PSPC Initiative from 2008 to present (PSPC Sessions 1.0 to 3.0). Starting in 2011-2012 (PSPC Session 4.0), the team will be joined by the Maryland Pharmacists Association and Delmarva Foundation for Medical Care.]

Clark and Botchway say the MTM teamwork provides a better review of patients’ medications because physician visits are typically short. The collaborative plans to expand to a similar clinic, the Proyecto Salud in Wheaton, Md. this fall.

The MTM model serves multiple purposes in education, says Heather Congdon, PharmD, CACP, CDE, assistant dean for the School of Pharmacy’s campus at the Universities at Shady Grove, where many of the students rotating at Mercy matriculated. “The education the students received here crosses health care lines. There is no limit to what can be learned in such a collaborative atmosphere.” She is also a provider at the MTM clinic and a certified diabetes educator. She provides diabetes education and monitoring for patients in the program who have diabetes.

“I am amazed by the dedication and leadership of the team and our collaborative partners, and thankful for this distinctive rotation opportunity for our Doctor of Pharmacy students who get to witness the power of collaboration and gain experience in real-world patient care to prepare for their practice as pharmacists,” says Hoai-An Truong, PharmD, MPH, acting director of the School’s Experiential Learning Program, assistant professor of pharmaceutical health services research, and an MTM pharmacist.

“It’s a health care playground for education,” adds Zarfeshan, “both in patient relationships and data gathering. They work as a team and everything is done under the same roof.” He says the MTM model has “a huge potential for the pharmacy profession to impact the general health of the American population, while reducing national health care costs. Many patients go to multiple doctors of different practices. Here all of this can be channeled in a central location.”

Zarfeshan says that pharmacists “are in a great position to give the patient the right information. We have a vision to make a difference for the health care system.”

The American Diabetes Association presented the MTM team with its 2011 Promising Practice Award of Excellence.