

# Maryland Mentor

A Newsletter for the University of Maryland School of Pharmacy's Academy of Preceptors

Spring 2023

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## From the Assistant Dean for Experiential Learning

Dear preceptors,

Thank you to all preceptors who attended the Academy of Preceptors (AOP), our annual continuing education (CE) event, in April. We were very happy to offer an in-person as well as virtual event this year. Drs. Heavner, Hynicka, and Landolf presented "Ready to Roll: Student Practice Readiness and Wellness," where they provided strategies for enhancing the practice readiness of our student pharmacists as well as approaches for improving student wellness and our personal wellbeing. If you missed their excellent presentation, you can access it for CE credit on our website soon.



Besides the programming and networking that AOP provides, it also allows us to celebrate four preceptors with Preceptor of the Year awards for their outstanding contributions to the educational development of our students. Preceptors of the Year demonstrate high standards of professionalism, a spirit of cooperation, and a dedication to our students as professional mentors and teachers. This year, we honored the following pharmacists:

- **Outstanding New Preceptor of the Year:** Emily Seidl, PharmD, BCPS – Levindale Hebrew Geriatric Center
- **IPPE Preceptor of the Year:** Nephthalee Tefera, PharmD, BCPS – MedStar Montgomery Hospital
- **APPE Preceptor of the Year:** Maika Patino, PharmD, BCACP, CDCES, TTS – The Johns Hopkins Hospital
- **Faculty Preceptor of the Year:** Fentian Xue, PhD – University of Maryland School of Pharmacy

Finally, you will see a change to our grading scheme for APPEs beginning in May. After 18 months of careful, thoughtful, and deliberate consideration, the School will move to pass/fail grading for APPEs to align with our current IPPE grading strategy. The evidence behind pass/fail grading systems suggests that students benefit through increased well-being, cohort cohesion, and motivation. This approach also encourages self-regulated learning and decreases anxiety, stress, and competition among students. In addition, recent literature indicates that pass/fail grading systems do not negatively impact academic performance. You'll find more information on this change on page 2 of this newsletter.

We sincerely appreciate all that you do for our students and the School. Please contact us at [elp@rx.umaryland.edu](mailto:elp@rx.umaryland.edu) or 410-706-2432 if you have any suggestions or questions.

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## What the ELP Office Needs from Preceptors

Please help us be 100 percent compliant with preceptor requirements by doing the following:

- Submitting all required midterm and final evaluations by their due dates
- Entering your site requirements in CORE ELMS by clicking “My Requirements”
- Reading all emails that come from the School via CORE ELMS
- Completing two hours of preceptor development each year
- Providing a brief description in your preceptor profile in CORE ELMS by clicking “Profile Information,” then “Description”

## Library Access

One of the many benefits of being a School of Pharmacy preceptor is having offsite access to eFacts and Comparisons Online and Micromedex only through the University’s Health Sciences and Human Services Library (HS/HSL). **Access is limited to School of Pharmacy preceptors who are scheduled to take a student for at least one block in the current academic year.**

Please note you will only get access during the blocks/rotations you have students scheduled. If you would like to take advantage of this benefit, please contact LaTia Few at [Lfew@rx.umaryland.edu](mailto:Lfew@rx.umaryland.edu) for more details.

## We welcome the following newly appointed preceptors:

- Alexander Wang
- Chenxi Song
- Christine Pham
- Joshua Borris
- Samuel MacNichol

## Focus on Policy

As we roll out the rotation schedules for the 2023-2024 academic year, we need to draw your attention to the important changes in the grading of Advanced Pharmacy Practice Experiences (APPEs). The ELP Office converted the grading of Introductory Pharmacy Practice Experiences (IPPEs) to pass/fail in the 2021-2022 academic year. Beginning with Block 1 in May 2023, all APPE rotations will also be graded as pass/fail. The rubric and scoring criteria have not changed. Preceptors will use the same evaluation process that was implemented in the 2021-2022 academic year. The final evaluation will only indicate that the student passed or failed the rotation. Instead of students receiving letter grades for APPE rotations, students receiving an average final score of 2.50 or higher will receive a passing grade. A student receiving an average score of 2.49 or lower will receive a failing grade for the rotation.

To streamline mid-point evaluation notifications, we have added two required questions to all rotation mid-point evaluations. The two new questions will be found at the bottom of each evaluation form. These questions focus on the student’s progress during the rotation. The first question asks if the preceptor has concerns that the student may fail the rotation. If the preceptor answers “Yes,” the ELP Office will contact them to review the student’s progress. The second question asks if the preceptor wants the course manager to contact them. If the preceptor answers “Yes,” the ELP Office will have the course manager contact the preceptor. Should the preceptor answer “No” to both questions, no action will be taken by the ELP Office, and we will assume that the student is on track to successfully complete the rotation. We believe that these two questions will facilitate the notification process and ensure that the ELP Office can help students and preceptors when needed.

Thank you for everything you do for our students. Should you have any questions, you may contact us via email – [elp@rx.umaryland.edu](mailto:elp@rx.umaryland.edu) or phone – (410) 706-2432.

## Words from the HEART

Many of the patients we serve do not understand us when we say, "... this medication is for your high blood pressure." They immediately think we are "treating their nerves/anxiety." Stress and hypertension may be related but treating them is rarely the same. As one in three Americans is affected by hypertension, the silent killer, older adults in underserved/underrepresented areas can use the pharmacist's help. There is also an excellent opportunity for our students to learn and educate our patients about hypertension in easy-to-understand language in the upcoming rotation block in May, which happens to be High Blood Pressure Month.

Misconceptions about hypertension, such as "it's not a big deal," or "I have one normal number out of the two," and others are common. These beliefs, and others, can result in patients who will not proactively ask their health care provider, including the pharmacist, to have their blood pressure checked. Pharmacists have opportunities to proactively ask their patients: "How is your blood pressure today? Would you like us to check it?"

Taking a blood pressure reading is a critical skill that when mastered and exercised by the pharmacist contributes to good outcomes and the common good. Depending on your practice site, an assessment of blood pressure reading can lead to a conversation about antihypertensives or other medications the patient may need to be on, which may lead to life-saving intervention. It behooves us, as preceptors, to coach our students to perform blood pressure checks as appropriate. Then, talk about the stage of hypertension, the goals of therapy, and the optimum choice of pharmacotherapy considering AHA/ACC guidelines. Students can also encourage patients to perform ambulatory blood pressure monitoring at home, which can help patients track their blood pressure more closely and help inform their health care providers about treatment decisions. The best time to support our students' learning of this skill is probably now.

Do we still have our stethoscopes from our student years? Our sphygmomanometer? If not, perhaps make it a priority to acquire them in May. Considering COVID's possible implications on heart health, many of our patients, especially the underserved, may require skillful and compassionate blood pressure check-ups.

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