

Maryland Mentor

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

Winter 2023

HIGHLIGHTS IN THIS

ISSUE

Message from the Assistant
Dean for Experiential
Learning

Newly Appointed Preceptors

Focus on Policy

The Age-Friendly Movement

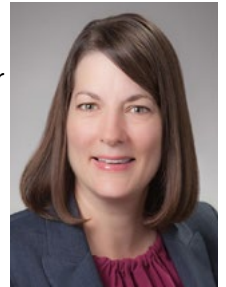
Student Reflections from the
Maryland Poison Center -
Fall 2022

From the Assistant Dean for Experiential Learning

Dear preceptors,

Happy New Year! As we begin 2023, we want to express our gratitude for your service to the School and our students. We can't do it without you!

It is hard to comprehend that our P4 students are winding down their APPEs and preparing for graduation and that our P3 students have completed their IPPEs and are selecting their rotations for the upcoming rotation cycle.



As we close out the 2022-2023 APPE and IPPE rotations, we would like to remind you of the importance of providing consistent feedback to our students. ELP encourages students to proactively solicit performance feedback throughout each rotation and minimally at the midpoint. The midpoint evaluation is an opportunity to discuss the student's progress and provide a formal evaluation on what is going well and which areas need improvement. While written feedback is always important, this documentation is even more critical when a student is underperforming. The midpoint information allows our team and the course managers to intervene when necessary to develop a performance improvement plan. In the coming months, we will add a new feature to the midpoint evaluation to request outreach about student performance. This information will only be seen by our team and will prompt communication from the course manager directly to you. The goal is to identify concerns early and provide resources to help the student achieve the desired objectives.

As mentioned in the previous newsletter, the School is undergoing a curriculum reimagination. You should have received a survey from the redesign team. We are hopeful that you will complete the survey and provide feedback. If you want to be even more involved in this process, please contact me.

Wishing you a healthy, happy, and abundant 2023!

Agnes Ann Feemster, PharmD, BCPS
Assistant Dean, Experiential Learning Program
Associate Professor, Department of Practice, Sciences, and Health Outcomes Research
afeemster@rx.umaryland.edu

Produced by:



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. If you would like to take advantage of this benefit, please contact LaTia Few at Lfew@rx.umaryland.edu for more details.

We welcome the following newly appointed preceptors:

- | | |
|-------------------|-------------------|
| • Abby Stevens | • Lauren Barbour |
| • Bethany Lane | • Lindi Harris |
| • Doneisha Singel | • Louis Ledan |
| • Ebony Whaley | • Matthew Poremba |
| • Elie Pommier | • Shraddha Patel |
| • Hannah Wilkoff | • Victoria Hearn |
| • Kevin Williams | |

Focus on Policy

IPPE 300 is an introductory rotation for P3 students that places them in a community pharmacy setting for 160 hours of learning and training. Students are assigned after completion of the P2 year to one of the three summer rotation blocks or the winter block, which occurs after the fall semester during the winter break.

The primary focus of the IPPE 300 rotation is a review of the quality and safety practices undertaken by the pharmacy profession in the delivery of medications. Aided by the latest advances in technology, for example, electronic prescribing, bar coding, visual confirmation, etc., and increased attention to safety practices, medication errors have been greatly reduced, leading to increased quality in the delivery of medications to patients.

There is a second equally important area of focus for the IPPE 300 rotation - the Pharmacists' Patient Care Process. As part of their education, student pharmacists must learn how pharmacists interact with and provide care for their patients and document their interventions so that other health care practitioners can reference that information. The IPPE 300 rotation is an opportunity to train students in how to work with patients to ensure that their medication-related needs are met. During the rotation, the preceptor is to identify at least four patients for the students to interview. Students will perform comprehensive medication reviews on the identified patients. The students must then document those patient interactions using SOAP Notes, which are to be reviewed and critiqued by the preceptor.

Learning to care for patients is a critical area of pharmacy practice, and teaching students this skill is a key part of the IPPE 300 rotation. Starting with IPPE 300 rotations in May 2023, as part of the final evaluation process, preceptors will need to attest that their students have met with the minimum number of patients (four) and completed the medication reviews and SOAP Notes documentation.

Should you have any questions about the IPPE 300 rotation or any other experiential learning areas, please contact our office at elp@rx.umaryland.edu.

Thank you for everything you do for our students.

Mark Brueckl, RPh, MBA
Assistant Director
Experiential Learning Program

The Age-Friendly Movement

As the aging population continues to grow, the demand for comprehensive and high-quality health care, including medication safety, continues to increase. In 2020, approximately 1.4 million people in Maryland were age 60 or older. That number is expected to increase to 1.7 million people and older by 2030 and 1.8 million by 2040. Current demographics show that individuals over age 85 are the fastest-growing segment of our population due to advances in medicine and longer life expectancy.

The University of Maryland, Baltimore (UMB) was designated an Age-Friendly University (AFU) in 2019. The designation meant that as an institution, we had endorsed the 10 AFU principles that resulted from the work of an international, interdisciplinary team convened by Professor Brian MacCraith, then-president of Dublin City University, to identify the distinctive contributions institutions of higher education can make in responding to the interests and needs of our aging population. The endorsement of the AFU principles meant that we were committed to a culture of age-inclusivity in our programs and policies, and here are some of the principles we adopted:

- To promote personal and career development in the second half of life and to support those who wish to pursue second careers. AFU Principle 2
- To promote intergenerational learning to facilitate the reciprocal sharing of expertise between learners of all ages. AFU Principle 4
- To ensure that the university's research agenda is informed by the needs of an aging society and to promote public discourse on how higher education can better respond to the varied interests and needs of older adults. AFU Principle 10

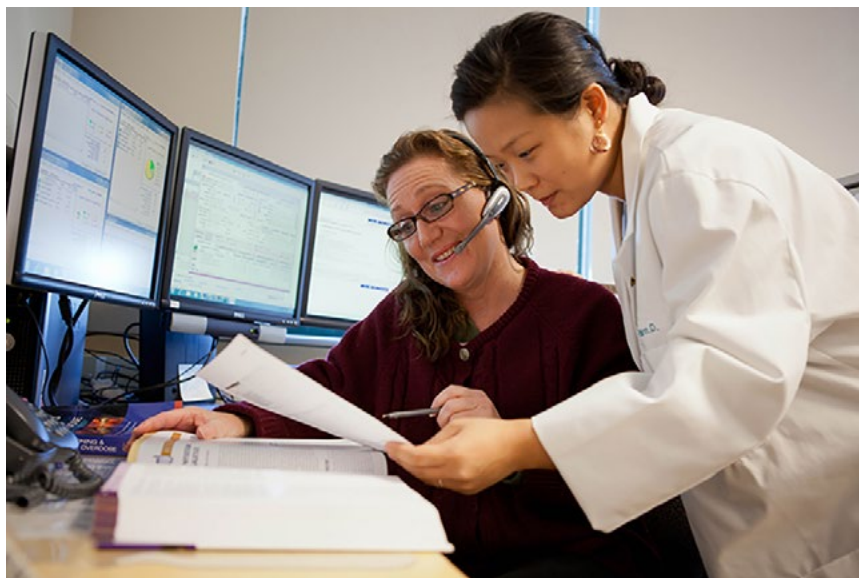
The University of Maryland School of Pharmacy has been supporting efforts at Age-Friendly health systems, which include hospitals and ambulatory care settings as well as long-term care settings. The [Age-Friendly 4M framework](#) encompasses **What Matters, Medications, Mentation, and Mobility**. UMB's age-friendly interprofessional team has written about the 4Ms for the University's Elm website to highlight some of its Age-Friendly work, examples of which include: [Age-Friendly Efforts at the University of Maryland Medical Center](#), [Light from Within Brightens Holiday Season](#), [Food Insecurity: An Interprofessional Approach](#), [Dental Care Remains Unmet Need for Older West Baltimore Neighbors](#), and [Opportunities at Aging Centers Across UMB Campus](#).

Pharmacists have been champions for medication safety in older adults alongside the interprofessional team. They have been leading initiatives to deliver person and family-centered care to meet the aging population's needs. As preceptors, it behooves us to address the often-invisible [issue of ageism and to raise awareness](#) about the 4Ms and the age-friendly principles with our students. Emphasizing how pharmacists have been and continue to be an integral part of the care team is paramount as they transition to become the health care providers of tomorrow.

Nicole J. Brandt, PharmD, MBA, BCGP, FASCP
Executive Director, The Peter Lamy Center on Drug Therapy and Aging
Professor of Practice, Sciences, and Health Outcomes Research

Daniel Z. Mansour, PharmD, BCGP, FASCP, AGSF
Interprofessional Clinical Coordinator
The Peter Lamy Center on Drug Therapy and Aging

Student Reflections from the Maryland Poison Center - Fall 2022



This article originally appeared on the Maryland Poison Center's blog, eAntidote.

One of the additional services we provide at the Maryland Poison Center (MPC) is training and education. We often have students from the University of Maryland School of Pharmacy or the University of Maryland School of Nursing rotating through the poison center for their respective programs. Pharmacy students focus on the work of the poison specialists, while nursing students are learning about the public health aspect of the service we provide. Throughout their time at the poison center, they attend case conferences and other toxicology presentations, listen to calls, and the pharmacy students even take some calls under direct supervision of our experienced poison specialists. Read on to learn about the experiences and reflections of Ronne (pharmacy student) and Caitlin (nursing student) during their Fall 2022 rotations.

What did you know about the poison center before your rotation?

Ronne: Prior to pharmacy school I didn't know much about poison centers or what they did. Bruce Anderson, PharmD, executive director of the MPC and professor in the Department of Practice, Sciences, and Health Outcomes Research, was a guest lecturer in one of my courses and he talked about poisons and toxicology. He caught my attention and made the lesson very intriguing. I talked to some other pharmacy students who had rotated through prior and they highly recommended doing a rotation at the MPC.

Caitlin: I honestly did not know much about the poison center before my rotation. I had heard about it when I was younger, but honestly did not know how active it is in making treatment recommendations and educating the public about poison safety.

What surprised you about the poison center?

Ronne: I am surprised by how much health care providers call the MPC for assistance in cases. Also, by the camaraderie and connection that the MPC has with other poison centers across the country. I often attended grand rounds with other poison centers and presentations from toxicologists around the country.

Caitlin: I'm surprised about how much the hospital interacts with MPC. The poison center has so many great resources for health care workers.

What is a poison myth you'd like to share with others?

Ronne: Pharmacists and nurses are the people who answer the phones, not robots or volunteers reading from a flow chart. The poison specialists at the MPC have a combined 210 years of experience managing poisonings!

Caitlin: People don't call just for poisonings. You can also call for information about medicines, dosages of medicines, plants, animal bites and stings, and more!

What was your most memorable case or type of case?

Ronne: A granddaughter called for her grandma who ingested a multi-purpose cleaner. It was accidentally stored in the fridge and mistaken for juice. When I saw a picture of the product, I understood why it was mistaken for juice! The shape of the bottle and color of the liquid looked just like juice. Be sure to store cleaning products away from food and drink products to avoid the mistake.

Caitlin: My most memorable case was someone who called in concerned because they drank out of the same beverage as their animal. It wasn't a situation I would've thought to call the poison center for, but the poison specialist was able to help her. Another case I learned a lot from was a hospital that called about a medicine someone had taken that caused an adverse reaction and the hospital was asking for advice on treatment. It's great how the poison specialists are non-judgmental and give callers great advice.

What will you take away, professionally or personally, after the rotation?

Ronne: Personally, the staff at the MPC is irreplaceable. They are the unsung heroes. You don't realize how important they are until you need them. Poison specialists are available 24/7, even on holidays. People often take call centers for granted, but poison specialists can save you a trip to the emergency room, and even in some cases your life! Professionally, everyone in the poison center community was welcoming and taught me a lot. Engaging in toxicology rounds gave me the opportunity to meet different professionals. Joshua King, MD, the MPC medical director, made a big impact on me. He has a very unique professional background working in both nephrology and toxicology and he taught me a lot.

Caitlin: I make sure that everyone I know has the poison center phone number! You never know when you'll need it.