



UNIVERSITY OF MARYLAND  
SCHOOL OF PHARMACY

**EXPERIENTIAL  
LEARNING PROGRAM**

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**Upcoming Events:**

**Pharmaceutical Care for  
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Certificate Training Program  
Pharmacy Hall  
Baltimore, MD  
Saturday, October 25, 2009  
12:30 pm – 5:30 pm

**MSHP Fall CE Seminar**  
Conference Center at the  
Maritime Institute  
Saturday, November 14, 2009  
8:00 am – 4:30 pm

Please contact the  
Experiential Learning Office  
for more information.

# Maryland Mentor

***A Newsletter for the Maryland Academy of Preceptors***

2009

Issue 2

**From the Director**

Dear Preceptors,

This year I have had opportunities to interact with experiential administrators at schools across the nation for accreditation visits, and I have found there is always a lot to talk about in experiential education. It is a dynamic portion of the curriculum and the area which is increasingly the focus of accreditation visits, due in part to the increased numbers of schools/colleges and also to the 2007 accreditation standards.

The University of Maryland School of Pharmacy has responded to the revised accreditation standards in significant ways with the 2007 Experiential Learning Transition Plan. With this model, changes have been implemented incrementally. P4 rotations were lengthened to 5 weeks a year ago. In 2009-2010 we are experiencing the most significant changes to advanced rotations since the program was initiated. All students are completing an acute care/general medicine Advanced Pharmacy Practice Experience (APPE), and electives were increased to four, with at least two patient care selectives. Ambulatory Care remains a focus, along with Advanced Community opportunities. *(Continued on page 4)*

**Welcome to the Maryland Academy of Preceptors**

Welcome these new preceptors who were appointed by Dean Natalie D. Eddington.

Narifa A. Barnes	Rachel Boyer	Jennifer Bailey
Diana Booth	Shellie Cassel	Matt Bathula
Angela A. Boggs	Bobbi Hilker	Sandeep Devabhakthuni
Bradley Burton	John M. Hoopes	Jennifer Deyo
Tracey Davis	Dennis M. Killian	Patrick Dougherty
Neena Eapen	Kaysha Lancaster	Katy Fuller
Heather R. Gross	Carrie McKinley	Kendra Gorby
Kathleen Hess	Andrew Messmore	Ashley LaFlame
Robyn Ingram	Michael T. Miller	Mikihiro Maeda
Amol Joshi	Deborah Sarama	Tanya Telegadis
Kimberly Lehrfeld	Anna M. Schor	Khiana Willis
Richard W. Matens	Evelyn Sesay	Shan Xing
Katherine McGrath	Crystal D. Sykes	
Michelle Nalder	James B. Thomas	
Binhgiang Nguyen	Karen Wassel	
Fred Y. Nishioka	Amy A. Wilson	
Jennifer Peacock		
Faryal Qureshi		
Mina Saffari		
Necole Scott		
Jeff Stein		
Michael Steinberg		
Cristina Whalen		

## Dean's Corner



**Natalie D. Eddington, PhD**

The last year has presented an enormous fiscal challenge to the School of Pharmacy because of the economic crisis in the United States. Through careful consideration of expenditures and reallocation of some resources, we have been able to continue forward with providing the best pharmacy education to our students as we possibly can. Our preceptors play a major role in that educational process. Fiscal predictions for the state of Maryland for the next few years continue to be bleak, but the School of Pharmacy, with your help, will continue to produce top-notch pharmacists. Here is an update on the School of Pharmacy:

### Curriculum Revision

The Class of 2013 started classes in August under a revised and enhanced curriculum, one that promises to better prepare them for the expanding scope of pharmacy practice. For the first time since 1993 when we were the first pharmacy school on the East Coast to launch an all PharmD program, the School of Pharmacy has made major revisions to its curriculum to embrace the new and broader role that pharmacists in the United States now play on the health care team. One motivating force for this revision was new criteria from the Accreditation Council for Pharmacy Education (ACPE) that requires our students to have 1,440 advanced pharmacy practice experience hours in settings outside of the classroom. Under those new criteria, which were launched in 2007, our students will now spend their entire final year of pharmacy school on advanced rotations. As a result, we've adjusted our curriculum to fit more than 300 hours of introductory pharmacy practice experiences and all didactic coursework such as lectures, discussion groups, and labs into the first three years. Beginning with their first semester, our students spend nearly one-third of their education on rotations in real-world pharmacy settings – with preceptors like you. Additionally, after conferring with you, our preceptors, faculty, and alumni, the School decided to further emphasize the management of complex patients with multiple therapeutic problems, which many practicing pharmacists encounter. The revised curriculum not only gives our student pharmacists the building blocks they need to practice but shows them how to apply those building blocks in real-world

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settings. I am extremely proud of the contributions every faculty member made to this revision and am confident that the School of Pharmacy will continue to graduate outstanding leaders in the pharmacy profession under this new curriculum.

### Objective Structured Clinical Examinations (OSCEs)

The use of OSCEs as a method of assessing the practice-based abilities of our students continues to develop at the School. During this academic year, students in all four years of the curriculum will participate in OSCE assessments. Professional actors will continue to serve as standardized patients and as evaluators of student performance in specific pharmaceutical care encounters in both formative and summative sessions. OSCE exercises in the fall of 2009 are formative in nature and involve one-on-one student and patient encounters for first year students, and “fishbowl” (groups of students with one patient encounters) for second and third year students. In the spring of 2010, OSCE exercises are summative (graded) encounters for students in all four years of the program. An OSCE advisory committee led by Deborah Sturpe, PharmD has been formed to oversee educational and administrative responsibilities for the program.

### Seasonal and H1N1 Influenza Planning

The influenza season is upon us and it brings with it this year added worries about a possible H1N1 (swine flu) pandemic. While the federal government has approved a vaccine for the H1N1 flu, there are still predictions that many people in the United States will become sick. The School of Pharmacy has developed a contingency plan that will be implemented in the event that classes and other instructional activities need to be cancelled. Our first priority at this time is for everyone to stay as healthy as possible by utilizing good hygiene practices. In addition, the University of Maryland, Baltimore is requiring all students with clinical exposure to patients to be vaccinated against seasonal influenza and H1N1 influenza when that vaccine becomes available. All of our PharmD students fall into this category. The experiential learning program has also created a contingency plan. For more information on those plans, please visit [www.pharmacy.umaryland.edu/h1n1/](http://www.pharmacy.umaryland.edu/h1n1/).

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## “Pearls for Precepting” from the Preceptors of the Year

**Paul A. Pham, PharmD, BCPS, APPE Preceptor of the Year**

After receiving the news that I was nominated to receive the Preceptor of the Year Award, the first thought that came to mind was, “my students actually liked their rotation on the infectious disease services!” I asked myself “how is that possible when they come to my rotation early, stay late, and work nights and weekends?” I started thinking about the students who I truly enjoyed precepting because they were exceptional, but students who irritated me also came to mind. Although all my students grew professionally at different rates and had different personalities and interests, they had one thing in common: they all came on service to learn about infectious diseases pharmacotherapy. Their thirst to learn made my experience as a preceptor truly rewarding.

The following are my **P R E C E P T I N G** pearls:

**Patience** - Remember that the knowledge preceptors possess was not implanted overnight, but instead was built over years of experience and hard work. As a student on my first rotation 17 years ago, I remember how overwhelming the data was. Before teaching the details of a topic, make sure the basics are understood. Students suffer from “data overload syndrome” and the cure for this syndrome is patience by learning and applying one piece of data at a time.

**Role Model** - Those of us who have kids know that they are “big copy cats.” Similar to our kids, students are like little sponges; they copy our every move, our work ethics, our passion, and our interactions with others. Being a good role model is critical. After all, it would be hard to expect students to work hard long hours if we have banker hours (in at 9 and out by 5).

**Expectations** - From day one, make sure your students know what is expected of them. Realizing that all students come with different interests, experiences, and skill sets, goals should be specific to the current student. Since preceptors have expectations of their students, it is only fair that students have expectations of their preceptors. Many of us in a variety of practice settings are bombarded with multiple responsibilities; however, we must keep in mind that students are expecting our teaching and mentoring. Instead of teaching whenever we have the time to do so, we should build it into our daily schedule.

## Preceptor Good News

**Morrell C. Delcher, RPh, MBA**  
Director of Pharmacy at  
St. Josephs Medical Center

**Kristin M. Fink, PharmD, BCPS**  
Received the Distinguished Young  
Pharmacists Award from the  
Maryland Pharmacists Association

**Butch Henderson, PharmD**  
Installed as President of the  
Maryland Pharmacists Association  
and Chair of the  
Maryland Pharmacy Coalition

**Dennis Killian, PharmD, PhD**  
Director of Pharmacy at Peninsula  
Regional Medical Center

**Christine Lee, PharmD**  
Pharmacotherapy Manager  
XLHealth

**Mary Lynn McPherson, PharmD**  
New book: "Demystifying Opioid  
Conversion Calculations" published by  
the American Society of Health-System  
Pharmacists in October 2009

**Jason M. Noel, PharmD, BCPP**  
Appointed as Director of Continuing  
Education for the School of Pharmacy

**Charmaine Rochester, PharmD, BCPS**  
Received the Maryland Pharmacists  
Association Innovative Practice Award

**Jennifer Thomas, PharmD**  
Manager, Pharmacy Services  
Delmarva Foundation

**Wayne VanWie, PharmD**  
Elected as Vice Speaker for the  
Maryland Pharmacists Association  
House of Delegates

**Latasha Weeks, PharmD**  
Received the Young Pharmacist  
Award from the National  
Pharmaceutical Society

Please send to the Experiential Learning Office  
any news, i.e. promotions, awards/ honors, or  
retirements that you would like to share with  
the Academy of Preceptors in the next issue of  
the *Maryland Mentor*.

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## "Pearls for Precepting" (continued from page 2)

**Critical Thinking** - If there is a difference in opinion, challenge the students to support his/her argument with data. The preceptor should be prepared to do the same. "This is what they taught us in school..." is a good start, but hardly enough. Preceptors should challenge their students to reach deeper since old ways of doing things may need to be changed based on the supporting evidence.

**Exchange of Ideas** - The exchange of ideas between preceptors and students allows both to grow. Every recommendation should be supported by at least one reference. Serving as a preceptor gives you a great opportunity to mold the way students perform research and support their recommendations. "If you have to defend your position in court, are you able to support your recommendation with good data?" Since their recommendations impact patient care, critically thinking about the data is crucial.

**Pause and Evaluate** - Continually evaluate your students. Are they still having fun? Are they still interested? Have they learned anything good lately? If the answer is "NO" to any of the above, STOP and see what has gone wrong.

**Teach by Doing** - Teach students what you know, but don't only talk about what you know. Students have different interests, but they will become interested quickly when they are placed in the "hot seat" by taking care of critically ill patients. Push the limit on your student's involvement. For example, have your student help the nurse take down a wound dressing. Describing a necrotic anaerobic wound just doesn't compare to seeing and experiencing the putrid smell during a dressing change. By doing, you will be surprised how much easier students remember the antibiotic spectrum of activity and treatment course for his/her patient.

**Immediate Feedback** is important. Feedback needs to be balanced. There is a big difference between negative feedback and constructive criticism. In addition to giving constructive criticism, preceptors should also outline a plan for improvement.

**No Genius** - Although there are rare exceptions, most people we encounter are not geniuses. Let your student know that there is NO GENIUS on the team. Team members (e.g. nurses, clinical pharmacist, medical residents, and attending physician) who know so much about the management of patients are just very devoted. Build their confidence and show them that with devotion, as a member of the medical team, they will be able to manage patients with fluency by the end of the rotation.

**Growth** - Build upon the strengths of your students by giving them an interesting project. Immediate results of their hard work such as formulary addition of a drug they reviewed for the P&T committee is always fun. Although students' growth during the 5-week rotation will differ, if preceptors are able to stimulate interest and maintain a fun environment, students will be able to build on the knowledge they have gained from your rotation.

Over the years I have noticed that the caliber of students has improved logarithmically. I have seen professional growth in all students who have rotated on our services. As preceptors, we can take some of the credit for the strength and competency of these outstanding students. It has been a privilege and an honor to serve as a UMB preceptor.

Look for the next 2009 *Maryland Mentor* newsletter for "Pearls for Precepting" from another 2009 Preceptor of the Year.



Celebrate American Pharmacists Month, National Hospital & Health-System Pharmacy Week, Inaugural American Pharmacy Educator Week, and National Pharmacy Technician Day – October 20<sup>th</sup>. For ideas and tools to help celebrate our pharmacy profession, visit the APhA Website at [www.pharmacists.com](http://www.pharmacists.com), ASHP Website at [www.ashp.org](http://www.ashp.org), or AACP Website at [www.aacp.org](http://www.aacp.org). As you, your students and technicians plan and implement activities promoting the pharmacy profession, please capture and send photos to the Experiential Learning Office to share with the Academy of Preceptors in the next 2009 *Maryland Mentor* newsletter. Thank you.

## Who's Who in the Experiential Learning Office



**Cynthia J. Boyle,**  
PharmD, FAPhA,  
Director



**Hoai An Truong,**  
PharmD, MPH, AE-C  
Assistant Director



**Kim Ladjabi,**  
BS, Coordinator



**Loretta Taylor**  
Academic Program  
Specialist



UNIVERSITY OF MARYLAND  
SCHOOL OF PHARMACY

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## From the Director (*continued from page 1*)

There is more to be done. In Dean Eddington's article you will read about the revised curriculum for the Class of 2013 and beyond. With P1 students in Abilities Lab many more times each semester, we are now able to link those practice activities to the objectives in IPPE 101 and IPPE 103. The Experiential Learning Committee will be looking at the best approaches for revising Patient Care I and Patient Care II in the P2 and P3 years. We want to assure appropriate institutional emphasis and balance with community practice and will ask a focus group to help us. Importantly we need to monitor the changes and outcomes which may result from student competency evaluation throughout experiential learning.

The state budget is having some effect on experiential learning. We have consolidated the honorarium payments into one time per year, as previously announced. We have had to discontinue the Gifts of Time reception but look forward to a variety of smaller events in conjunction with the Alumni Association and the Office of External Affairs. The School will close more days, and all faculty and staff are impacted by the salary reduction plan. We remain committed to you and to our students to the best of our abilities.

Looking ahead we will feature the preceptor development opportunities available to help you. We are moving to a new electronic platform called E\*Value, which will also be used by the two new Maryland schools. E\*Value should help us move to an electronic preceptor evaluation of student and to better reporting and forecasting. We will also seek preceptors' feedback on the experiential program with the 2010 AACCP Preceptor Survey, but please do not wait until then if you have an idea or a concern!

With sincere best wishes,

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## Community Connections: Bridging the Gap between Development of Patient Care Services and Implementation in Actual Practice

Have you ever wanted to implement a patient care service at your site and didn't have anyone to help you plan it out? Our second year students develop innovative services proposals during the Patient-Centered Pharmacy Practice and Management course that may be a good fit for your site. We're looking for several rotation sites for our students to work with to be able to implement these services and work directly with you and your site to maintain services. Potential benefits to participating in this initiative includes: opportunity to expand current pharmacy practice, improving the overall customer experience at your pharmacy, and working with student pharmacists to help mold them as future pharmacy leaders.

We will be selecting a total of 4 projects for implementation at the end of the Spring 2010 semester. Students will work with you during the remaining year to evaluate your site and assist in the implementation and continued execution of the patient care service. If you are currently an APPE preceptor looking to expand services or an IPPE preceptor looking to increase the level of patient care services at your site, please contact Cherokee Layson-Wolf at [cwolf@rx.umaryland.edu](mailto:cwolf@rx.umaryland.edu). Please look out for more information on this initiative in the preceptor newsletter or upcoming preceptor training sessions. Thank you.