



the MINUTE PRECEPTOR

THE UNIVERSITY OF TENNESSEE
COLLEGE OF PHARMACY

OFFICE OF EXPERIENTIAL
EDUCATION

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EDUCATION**

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Greetings from the Office of Experiential Learning! I hope everyone is getting to enjoy some spring weather in the great state of Tennessee. I recently drove the entire state during a trip to North Carolina. Everything is starting to green up. We continue to labor through the conversion from E*Value to Core Elms. Even with several meetings and intensive planning, the process did not go as smooth as I would have liked. Currently, we find ourselves with a void in access to students' and preceptors' schedules. We anticipate being completely functional by April 15, 2016. Meanwhile, bear with us during this transition that included 380 preceptor faculty and well over 300 P3 and P4 students. There will be some follow-up training during this transition.

P4 students have started their last APPE or they are off this month. As you know, several of them are completing an international APPE across the world. We look forward to seeing all of them one more time as an entire class at graduation on May 12th at the Orpheum! The P3s are beginning to get some experience under their belt. In general, they seem to be off to a very good start. That brings us to preparation for the next cycle. Expect to see the first request go out to you around May 1st for the next APPE scheduling cycle for the class of 2018. This will run from January, 2017 through April, 2018. We sure do like to plan ahead, don't we? We fully expect to offer a Rotation Day to all P3 students next August, but the dates have not been solidified yet. Also, watch for the annual Preceptors' Development Conferences offered in Knoxville, Nashville, and Memphis this coming summer.

If you have questions for the Office of Experiential Learning during this transition phase, don't hesitate to contact us.

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REFLECTING ON MY APPE ROTATIONS

Andrew Rangel, P4

Wow, time has flown by! Not too long ago I was a P1 just beginning the training that was going to prepare me for my lifelong career in the field of pharmacy. I don't know where the time has gone; I am already a P4 on my second to last rotation and I will be graduating in just a couple months. As I look back on the last four years, I realize that everything I've done and every experience I've had leading up to this point was to prepare me for my future in pharmacy.

The first three and a half years of pharmacy school seem like a blur now looking back. They were composed of countless hours of studying, exams every other week, health fairs, meetings, presentations, etc. I remember the excitement I felt as I finished up the didactic portion of my schooling while simultaneously being slightly nervous about beginning my Advanced Pharmacy Practice Experiences (APPE). I was still unsure of what career path I wanted to pursue as I was signing up for my APPEs. Because of this, I tried to select a wide variety of APPEs to gain as many new experiences as I could to help me decide my career path. That's exactly what I got! My APPE experiences ranged from a slow independent compounding pharmacy to a busy chain pharmacy, institutional pharmacy management to academia, and from following patients on a medicine service to seeing them admitted into the ER, just to name a few. My APPEs have given me opportunities that I may never have again; for example, I was able to observe a CABG and perform chest compressions on a patient. Every day was another chance to see new things and have new exciting experiences. I am so grateful for all the amazing experiences I've had over the last four years both in class and on my various APPEs. If I had to give any words of wisdom about APPEs they would be, "Your APPE experiences are only what you make of them, so take advantage of your time and make the most of these amazing opportunities."

FACULTY SPOTLIGHT

Dr. Patrick Blankenship is our Faculty Spotlight for our April 2016 issue of The Minute Preceptor. Dr. Blankenship is a Clinical Pharmacist at Blount Memorial Hospital in Maryville, TN. He takes P4 students in the Emergency Medicine APPE and has been a great preceptor for the University of TN College of Pharmacy.

What formal pharmacy training did you have before your present position?

(Schooling, other jobs etc.) *I did my undergraduate work at Arkansas State University in Jonesboro, AR with a B.A. in chemistry and graduated from University of Tennessee*

College of Pharmacy in 2009. Then, I was fortunate to complete a PGY1 residency training at Blount Memorial Hospital in 2010.

How did you become interested in ER pharmacy?

I had emergency medicine rotations both in pharmacy school and as a resident. An ED position was available in December 2009 at Blount mid-way through my residency.

What does your day normally consist of?

It is a lot of variety. It depends on what comes through the door but it is a mix of ambulatory care, internal medicine, infectious disease, and critical care.

How do you handle balancing your personal and professional life?

It's difficult but it's important. I have a family so creating that balance is necessary and a priority. Since undergrad, I have developed skills to manage my time. I continue to work at this as responsibilities change plus learning to set reasonable limits.

What do you like to do in your free time? Do you have any hobbies?

I enjoy spending time with friends and family. My wife, Mary, and I have 2 daughters and a son. We love outdoor activities and working on our small farm.

Why did you take on the role of being a preceptor?

I was encouraged to be a preceptor since residency so I followed that recommendation and have been doing this since 2010. It has been a rewarding experience.

What do you enjoy most about being a preceptor?

I enjoy meeting new people and watching students grow during the month. I like hearing feedback that they are learning and getting involved at the bedside.

What is your most difficult challenge as a preceptor?

I would say balancing work responsibilities with teaching during the month. A meaningful rotation will take work.

How has your teaching style changed since you first became a preceptor?

I have changed with each student by accumulating resources/knowledge along the way. I enjoy learning, so developing precepting/teaching skills will always be a longitudinal process.

FACULTY SPOTLIGHT CONT.**What tools do you use to assess your students' learning along the way?**

I use E value to formally assess with UTCOP, but setting expectations early and monitoring student's progress in meeting those expectations with daily feedback.

What impact do you hope to have on the students taking your rotation? What do you want students to "take away" from your APPE?

Taking textbook/guideline information to the bedside and learning to translate that knowledge.

What assignments or activities do you feel students learn the most from?

I get a lot of positive feedback on topic discussions and learning at the bedside when the opportunity arises.

What unique learning experience does your site provide for students?

Our pharmacy department has great relationship with ED staff (physicians, mid-levels, nurses, etc) and seeing how we work together for patient care.

What are your students most surprised to learn at your practice?

Each student has a different background or experience so it varies. Most of the time, it is just learning the med use process in the emergency department and the vulnerability for medication errors.

Is there any advice you would give a new preceptor?

I intentionally learned from those that taught and guided me in my training so I could do the same in the future. I always strive to be like the preceptors that taught me. So having good examples will make an impact, but it is also a progressive process as you learn your own skills.

What advice do you have for students pursuing a career in ER pharmacy?

Remain flexible or you will break. Every ED will have challenges and nuances, but developing relationships with staff will make your job easier and more effective. This will take time.

What do you enjoy most about your job/being a preceptor?

Each day is different, so you don't know what to expect. I enjoy the people I work with both in the ED and in the pharmacy.

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Patrick S. Blankenship, Pharm.D., BCPS

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NEW PRECEPTOR

Dr. Athena Hobbs, the new ID pharmacist at Baptist Memorial Hospital-Memphis, has already made a significant impact with antimicrobial stewardship, saving the hospital nearly \$200,000 over a three month period. She graduated from the University of Texas at Austin College of Pharmacy, completed a PGY1 at University of Chicago Medicine, and a PGY2 in Infectious Diseases and Antimicrobial Stewardship at Seton Healthcare Family and the University of Texas at Austin. Using antimicrobial stewardship, Dr. Hobbs significantly reduced spending on several key antibiotics. From October 2015 through January 2016 BMH-Memphis saved over \$152,000 on Daptomycin alone. She also helped reduce the spending on Ceftaroline, Linezolid, and Meropenem by 88.2%, 29.2%, and 34.4%, respectively. She identifies areas where the hospital needs to better utilize antimicrobials and then figures out how to do it. Though the cost savings are impressive, Dr. Hobbs always keeps patient care at the center of antimicrobial stewardship. She states that if we use antimicrobials appropriately, the cost savings will follow. According to Dr. Hobbs, antibiotic overutilization isn't just a hospital problem, it's an issue nationwide. As a country, we need to work harder to decrease overall antimicrobial usage and concentrate on using them more efficiently on an empiric level. She has taken the lead for antimicrobial stewardship at BMH-Memphis but also acknowledges she has a very strong pharmacy team working with her, as well as a supportive manager and director.

A big part of antimicrobial stewardship is literature evaluation, consolidation, and clinician education to help the hospital make more educated decisions regarding antimicrobial utilization. She builds relationships with physicians and shows them that her primary concern is taking care of the patients, and that correctly utilizing antimicrobials will impact patient care in a positive way. We'd like to congratulate Dr. Hobbs for her outstanding work with antimicrobial stewardship and patient care.

MCFARLAND'S PAPER

Four preceptor faculty with the University of Tennessee College of Pharmacy published an article entitled, Evaluation of the Impact of a Pharmacist-Led Telehealth Clinic on Diabetes-Related Goals of Therapy in a Veteran Population in *Pharmacotherapy*. The authors are Lauralee Maxwell, Shawn McFarland, Jennifer Baker, and Regina Cassidy. Below is a summary of this paper:

Clinical pharmacy services provided in primary care are relatively common. Multiple studies have existed to substantiate the value of a clinical pharmacist providing direct patient care on a myriad of different chronic disease states. Expansion of clinical pharmacy services to areas where services are replete is essential to ensure patients have a level of access that otherwise would not be afforded. Telemedicine has been offered as a way to ensure that all patients, including those who live in rural areas, have access to the same health care. Maxwell, et. al recently published an “Evaluation of the Impact of a Pharmacist-Led Telehealth Clinic on Diabetes-Related Goals of Therapy in a Veteran Population”.

The study was performed to evaluate the benefit of a real-time, clinic-based video telehealth (Clinical Video Telehealth [CVT]) program and the impact of a pharmacist-led CVT clinic for chronic disease state management. This study was a single-center, prospective, pre-post pilot study that also included a post-patient satisfaction survey. The study was conducted at the Tennessee Valley Healthcare System, which is composed of two medical centers and 12 community-based outpatient clinics (CBOCs) located away from the two main facilities. Fifteen clinical pharmacy specialists (CPSs)—seven at the two main facilities and eight at the CBOCs—provide disease state management clinical pharmacy services. One of the seven CPSs at the main facilities works via telemedicine and provides services to the CBOCs where on-site clinical pharmacy services did not exist. The primary outcomes were changes from baseline in A1C, LDL level, systolic blood pressure, and diastolic blood pressure after 6 months of CVT services by the CPS. Secondary outcomes were the percentages of patients meeting American Diabetes Association treatment goals for hemoglobin A1C, LDL level, and blood pressure, both individually and in combination after attending a pharmacist-led CVT program; the level of patient satisfaction with pharmacists’ care and with CVT as a method of receiving chronic disease management, specifically for diabetes; and medication additions or changes made by the pharmacist.

Twenty-six patients completed the 6-month evaluation. A significant decrease in A1C of 2% from baseline was observed ($p=0.0002$), and the percentage of patients meeting goal A1C significantly increased from 0% at baseline to 38% at 6 months ($p=0.0007$). Overall patient satisfaction scores were also very high, with a median score 39.5 (interquartile range 36–40) of a maximum score of 40.

This study, performed by three UT graduate clinical pharmacists, expands on the current data regarding clinical pharmacy care in primary care. Specifically, this study validated that services can be provided and therefore extended utilizing innovative technology.