



the **MINUTE** PRECEPTOR
 THE UNIVERSITY OF TENNESSEE OFFICE OF EXPERIENTIAL
 COLLEGE OF PHARMACY LEARNING

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Happy New Year from the Office of Experiential Learning (OEL). Hopefully, the initial blast of cold air in early January is behind us. There will be substantial change in the Office in 2017. As mentioned in an earlier newsletter and at several public conferences over the last few months, I will be stepping away from the Director role and Dr. Cathy Crill will become the sole Director of Experiential Learning and International Programs. We have served together as co-directors since September. Cathy attended and presented at the three Preceptor Development Conferences last August. She was highly visible during the Rotation

Day/ Residency Day activities in Memphis and Knoxville during August as well. As co-director, she went through the entire process of scheduling Advanced Pharmacy Practice Experiences for the current P3 class last fall. She became quite engaged with the CORE ELMS scheduling program that we switched to last spring. I feel very confident that the OEL is in good hands moving forward. She has a lot of excellent ideas and has some great modifications forthcoming to make the program better. Please give her the excellent support you have given me over the last eight years. I will continue as the Executive Vice Chair for the Department of Clinical Pharmacy. This will keep me involved in new faculty appointments in the Department, didactic educational assignments, development of new electives as appropriate, and in assisting with new and renewed affiliations. I look forward to attending and participating in the state pharmacy meetings as well.



It is with great excitement that I embark on this new role. I want to thank Dr. Rex Brown for his service to the OEL over the last 8 years. During his tenure as Director of OEL, he proactively responded to increasing class size by expanding the number of sites, preceptors, and rotation types that are now available to our students across the state, nationally, and internationally. He has been an excellent mentor this past year to me and has assured me that he will continue to offer his support and sage advice from the Vice-Chair's Office. While some of you may already know me as a faculty member, a clinical pharmacist at Le Bonheur Children's Hospital, or through our Introductory Pharmacy Practice Experiences, Introduction to Patient Care and Applied Therapeutics, for many of you, I am a new name and face. I look forward to meeting you in person over the next months at site visits, professional meetings, and preceptor development conferences. Please do not hesitate to call or email me with any issues related to experiential learning or if you want to offer suggestions for the OEL moving forward. You are critical to the experiential program at the University of Tennessee College of Pharmacy and we greatly value your contributions to our students' education and to the College.

ROTATION GRADE SUBMISSION

We want to notify you of some changes that have occurred at the College with respect to grade submission. We are now accredited as an independent campus of the larger UT system, and thus undergo accreditations by Accreditation Council for Pharmacy Educations (ACPE) and Southern Association of Colleges and Schools (SACS) with increased scrutiny. A mandate from these accrediting agencies is timely grading and our Registrar's Office is now requiring grade submission by three working days of the close of a grading period. For rotations, this would be three working days from the last working day of the month. This is especially critical at the end of each semester for our P-4 students as they are applying for residencies (and responding to transcript requests), and completing graduation requirements, respectively. Our affiliation agreements are being revised to reflect this timing for grade submission for all affiliations as they are renewed.

UPCOMING CHANGES TO THE INTRODUCTORY PHARMACY PRACTICE EXPERIENCE (IPPE) PROGRAM

Changes are forthcoming for the IPPE Program. First, with the revision of the UT COP Curriculum, the 2-week IPPE rotations (Community Pharmacy and Institutional Pharmacy) will be moving to 2-week blocks in May, June, July, and August annually. Through 2018, we will still need IPPE offerings in January, February, and March in addition to the summer blocks in order to complete the IPPE requirements for all students. Please contact us if you have any questions as we move through this transition period. Second, as part of the development of the Co-Curricular program at the UT COP, many of the activities that were housed within the IPPE program have moved to the Co-Curricular program. For this reason, the expectations for our students on the Community Pharmacy and Institutional Pharmacy IPPE rotations, as well as the forms required as part of these IPPE rotations, are being changed. The only requirements moving forward for IPPE rotations are the following:

- Active participation at the practice site for a minimum of 80 hours (2 weeks).
- Fulfillment of all requirements for the experience set forth by the practice site and/or the preceptor.
- Consistent demonstration of a professional attitude and appearance.
- Completion of a pre-rotation reflection on what the student hopes to gain through the experience (to be reviewed by the preceptor).
- Completion of a post-rotation reflection on what the student achieved through the experience (to be reviewed by the preceptor).

IMPORTANT DATE: Graduation for our P4 class is set for Friday, May 5th, 2017. Due to the earlier graduation date and the need for APPE grade submission to meet graduation requirements, all APPE rotations for P4 students should be completed by the end of the day, Tuesday, April 25th, 2017, and grades must be submitted by Friday, April 28th, 2017. We will be sending out multiple reminders about this during the month of April. Please help us to make sure our P4 students successfully graduate through the timely submission of APPE grades this April.

PRECEPTOR SPOTLIGHT



Dr. April Ungar is a Clinical Specialist in Ambulatory Care at the VA Medical Center in Nashville. She also serves as an Assistant Professor in the Department of Clinical Pharmacy and precepts P3 and P4 students in ambulatory care.

How did you become interested in VA practice?

I first became interested in VA practice as a pharmacy student when I had an ambulatory care rotation at the VA in Birmingham, AL. At the time, this was a new practice for my preceptor and VA was beginning to expand its clinical practices. Honestly, I really think that VA practice sort of found me and not the other way around as I really did not think VA was for me at the completion of that particular rotation. It was really during residency at a non-VA facility that I knew that I definitely wanted to pursue a clinical practice as my career path and realized that those opportunities existed more so at the VA. So about 6 months after completing my residency I was working at a local hospital in the inpatient pharmacy and I was contacted by a former preceptor and notified that a position was going to be available at the Nashville VA. I immediately applied and I have been practicing here for the past 18 years mainly in anticoagulation and participating in formulary review processes.

How is your practice site a unique learning experience for students?

My practice site is unique for students in that it allows for direct patient care in a very busy anticoagulation clinic. Students have the opportunity to work closely with an inter-disciplinary team of LPNs and clinical pharmacists. Students have face to face interaction with the patients and are encouraged to take part in decision making for managing warfarin dosing, possible bridge therapies and now some direct- orally acting anticoagulant medications. They also have opportunities to work on projects that improve medication safety of oral anticoagulant medications and may be asked to participate in the Anticoagulation Taskforce by presenting topic discussions during our meetings.

What do you enjoy most about being a preceptor?

I enjoy interacting with the students each month and getting to know them personally. I have also had opportunities to learn from them as well based on their own previous experiences from other facilities where they have had rotations and been able to expand my own knowledge. What I enjoy most is when I realize that the student is growing in their thought processes and that student begins to develop an increased self-confidence in their decision making and it is evident by the end of the rotation when they are discussing a patient during chart review or when they are presenting their plan during a clinic visit.

What is your most difficult challenge as a preceptor?

Time management between teaching and performing my day to day obligations or practices. Finding time to actually talk with students for a particular topic discussion has become more challenging throughout the years of precepting and I tend to do less of that now and instead focus on self-learning opportunities and then weaving assigned topics into chart review as we are preparing for clinic the next day or even during a clinic visit with the patient.

PRECEPTOR SPOTLIGHT CONTINUED

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

I would have to say my teaching style has become less didactic and more hands on. As I mentioned before, I will give students specific reading assignments for self-learning and then will try to include those topics into actual patient visits so that they can interact and see how guidelines or protocols can be individualized for each patient. I think that students get a lot of benefit from those experiences and those help the students to become more confident in their decision making.

What tools do you use to assess your students learning during the rotation?

At the end of each rotation, I like to have the students tell me what they have learned on my rotation. These answers are always interesting. Some months, the answers are more medication related, and other months students will have answers that are related to practice management or to specific patient related factors. Not only does this "tool" help me to gauge whether students are learning on my rotation, but it also helps me as a preceptor by giving me feedback as what each student may or may not be learning which then helps me to adjust my teaching skills as to what topics I may need to focus on for future students to ensure the objectives for the rotation are met each month.

Give an example of when a student on your rotation made a major intervention.

Students get opportunities to make interventions each day while in clinic. I think that students have the largest impact on new patients starting warfarin therapy. Many of these patients and their families or caregivers come to clinic for their first visit not sure what to expect and some have very little information on their medication before the visits. Students can have a great impact in making these patients become more informed and less afraid of starting warfarin.

Do you find it challenging to balance your personal and professional life?

Yes, this is always challenging. I really enjoy my career, my practice and feel blessed to be able to work at TVHS with an amazing and accomplished group of pharmacy co-workers, but I also enjoy spending time at home with my husband, who is also a healthcare provider, and our pets. My husband and I both enjoy a lot of outdoor activities or going to the gym, both of these and my yoga practice all help relieve stress at end of a long, sometimes challenging work day.

WELCOME NEW PRECEPTORS

Preceptor Faculty	Site	APPE/IPPE Type
Randall Allen	Allenhill Pharmacy	Compounding
Kyle Allmond	Blount Memorial Hospital	Critical Care
Autumn Bagwell	Vanderbilt University	Infectious Disease
Tasha Bedwell	LeBonheur Children's Hospital	Advanced/IPPE Community
Valerie Bernardo	St. Jude Children's Hospital	Peds Oncology/Amb Care
Lauren Cook	VA Tennessee Valley	Ambulatory Care
Christy Creswell	East TN Children's	APPE/IPPE Institutional
Amanda Depp	Vanderbilt University	Medicine
Brian Henderson	Kroger (Maryville)	Advanced Community
Joshua Hodge	Vanderbilt University	Transitional Care
Lindsay Hubbard	LeBonheur Children's Hospital	Emergency Medicine
Megan Jaynes	Vanderbilt University	Medicine
Kelsey Krushinski	Baptist Memorial Hospital	Internal Medicine
Angela Leiferman	Tohono O'odham Nation	Government
Brian McCullough	UT Medical Center, Knoxville	Infectious Disease
Sarah Moore	Baptist Memorial Hospital	Cardiology
Madison Pavlechko	Northern Cheyenne Service Unit	Government
Melissa Quinn	St. Jude Children's Hospital	Peds Oncology/Amb Care
Christopher Roberts	Skyline Medical Cener	APPE/IPPE Institutional
Dustin Roberts	UT Student Health Center Pharmacy	Advanced Community
Julie Rust	Methodist Oak Ridge	Transitional Care
Matthew Schmidt	Methodist Germantown	Emergency Medicine
Elizabeth Schwartz	Kroger (Collierville)	Advanced /IPPE Community
Kimberly Scoggins	Baptist Cancer Center –Collierville	Adult Oncology

WELCOME NEW PRECEPTORS

Preceptor Faculty	Site	APPE/IPPE Type
Ashley Sowards	Tennova Turkey Creek	APPE/IPPE Institutional
Allie Torrence	Methodist Oak Ridge	Transitional Care
David Troelstrup	Methodist UT Hospital	Emergency Medicine
Sperry Wheeler	St. Thomas Rutherford	Emergency Medicine
Rachel Wilkinson	Methodist UT Hospital	Emergency Medicine
Laurie Yee	Vanderbilt University	Medicine

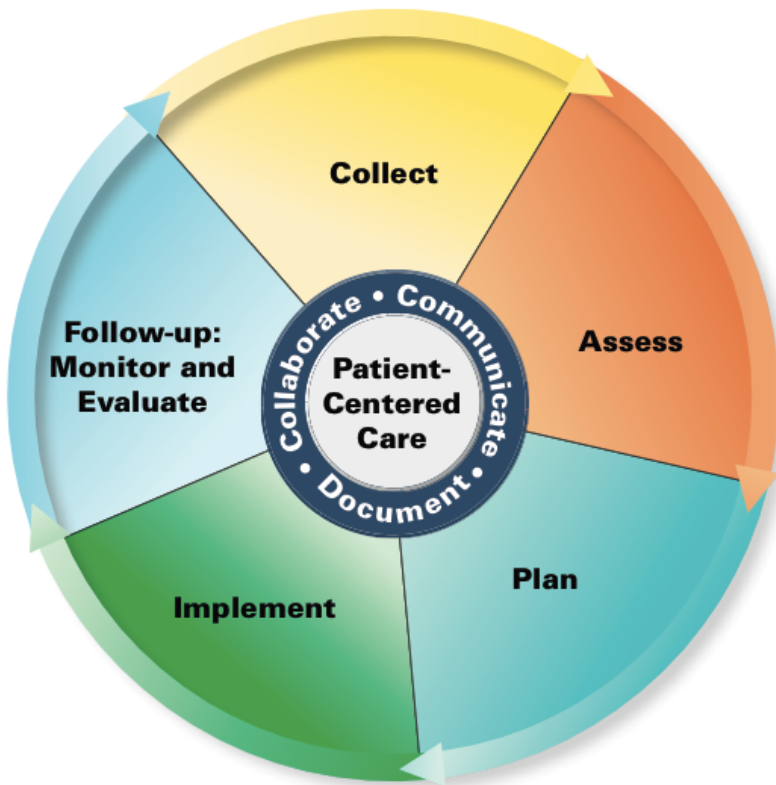


Figure 1: Pharmacists' patient care process

Pharmacists' Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

Collect

The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/ medication history and clinical status of the patient.

Assess

The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

Plan

The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

Implement

The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

Follow-up: Monitor and Evaluate

The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.