

EXPERIENTIAL EDUCATION OFFICE NEWSLETTER

Winter 2004

Director's Notes

By Denise Soltis, Director

Welcome to our experiential newsletter! In an effort to reach out to our preceptors and students, we have resurrected a previous part of our program. We will be highlighting some of our practice sites, to give practitioners ideas on how they can incorporate students into their practice site, to give students a look at the practice sites available, and equally important, to keep preceptors informed about our program. We will be focusing on different sites each newsletter. The plan is to archive our newsletters on our PEMS website (pems.drake.edu) for preceptors and students to use as a resource.

For those of you who don't know, I took over as the Director of Experiential Education in January of 2002, for Sandy Dirks, who, after 8 years in the position, decided to develop a psychiatric rotation of her own at Broadlawns Medical Center. (She's doing quite well by the way. She is taking 35 rotation students in Academic Year 04-05.) In the past few years we have made some changes in our program, some popular and some not so popular, always with the ultimate goal of making an already good experiential program even better, continuous quality improvement if you will. During the first year, after a crash course in ACCESS® database management, I quickly learned I needed more help than my wonderful part-time secretary, Deb Hart could provide. The result was the addition of an assistant, Robyn Wingerter, who joined us in June 2003. At that time, we officially became the Experiential Office and moved into Olin 452. Robyn and Deb handle many of the daily details and communications of the office allowing me to focus on student and program issues. Robyn has been instrumental in developing our new experiential website. Visit us at pems.drake.edu.

At the suggestion of graduating students, and with the agreement of our Experiential Review Council, the faculty voted to move from nine, 4-week rotations to eight, 5-week rotations, increasing the total rotation experience. The additional time at each rotation allows students the opportunity to get more fully involved in a site and their projects. The change also allows Drake and the University of Iowa to align the first six rotation blocks in order to make it easier for those sites participating in both programs. We are still communicating with Iowa to work on the rest of the rotation year. AY 04-05 is our first year using the five-week blocks and it seems to be going well. Another change was to increase the requirements to receive a community waiver. We have also limited non-patient care rotations to one experience out of eight. The purpose of these changes was to ensure proficiency of students on all of our 51 competencies by the end of the rotation year. These changes, as well as additional time on rotations (40 weeks verses 36 weeks), give students the best opportunity for a successful rotation year.

I would like to leave you with a few of our numbers. In 2004 we graduated 101 Doctor of Pharmacy students. This year, we have 103 P-4 students doing 824 rotations. We currently have 464 active sites with 941 active preceptors. (You can begin to see the need for more help.)



Currently our greatest areas of need are hospital practice, acute care, and specialty rotation sites. Our biggest challenge is rescheduling rotations midyear as pharmacists change positions. If you have an innovative site that you would like to share with students, contact us at exp.pharmacy@drake.edu. If you have comments or suggestions please feel free to contact us as well.

Preceptor and Rotation Spotlight

November 2004

By Dena Kroska, Undergraduate Assistant

The Ames Medicap rotation is a community practice, ambulatory care, community pharmaceutical care, and faculty site for Drake University. Cheri Rockhold-Schmit is the primary preceptor and Dr. Angela Tice is the Drake faculty preceptor at this site. There are three technicians and another pharmacist, Alice, during the day, all of whom are willing to share time with the students, teaching and learning from each other. Medicap is a community setting in the center of Ames, a public college town, home of the Iowa State Cyclones. There is a great relationship with the City of Ames providing case management and cognitive services through Outcomes, which provides payment for pharmacy services. The atmosphere is conducive to student learning, due in part to Ames being a college town; most of the citizens are used to student involvement and willing to help students learn.

Cheri Rockhold-Schmit is a pharmacy preceptor at Medicap Pharmacy in Ames for the University of Iowa and Drake University. I was able to spend some time with Cheri to learn more about her and her site. Through our conversations I was able to see why Cheri has become a good preceptor. She is active in her profession as she is currently a member of the IPA Board of Trustees and Central Iowa Pharmacists Association. Cheri feels it is important and rewarding to give back to her community. She is a Sunday school teacher, accompanist at her Church, a volunteer with Mary Greeley Hospital Auxiliary, and a provider at health fairs. Cheri also participates



in sharing health care information at area meetings and collaborates with other professionals in the area to improve the health of her community. One such group is Prime Time Alive a group of elderly citizens who meet monthly to discuss and learn about various health care topics. Along with volunteering in her community and her profession, Cheri has received certifications in diabetes management, lipid management, CPR, and immunizations. Cheri is a positive role model for her students.

When working with rotation students Cheri tries to show them opportunity for involvement in a community setting. It has been her experience that upon arrival the majority of rotation students do not wish to practice community pharmacy. Cheri's goal is to help students understand that community pharmacy "is what you make of it" and as a pharmacist you have the ability to make your pharmacy patient centered if you desire. She demonstrates this by caring for patients as if they were her family members. Students work



on their patient counseling skills, communicating as a health care professional, problem solving and drug therapy decision-making skills. Student projects actually help the site provide services and build the community relations by designing new services, creating marketing brochures, and inviting other practitioners to participate in the service. For example one student created a diabetes support group and another student set up a blood pressure club, both programs are still running. Cheri feels “the most rewarding part of having rotation students is the challenge they give me to keep educated and open to different approaches.” She is able to learn from her students as one may suggest an alternative way of completing a task in a manner that she has not thought of previously. The first week with new students is always the most time consuming simply due to the orientation and familiarization time it takes for students to get used to the site.



Dr. Angela Tice is the Drake faculty preceptor for Medicap in Ames; she too shared some of her thoughts about this rotation. From her perspective this is a good rotation for a few reasons. First is obviously the preceptor, “Cheri is personally involved in the care provided to patients.” The patients at this pharmacy are “well-informed” and aware of the kind of care they will receive at this pharmacy. Dr. Tice admits that opportunities vary throughout the year as workflow in a

community practice site changes with the seasons; at times the student may need to be assertive to find a new idea for a project. The more self motivated the student is the more s/he will get from the experience, (true of all rotation sites). Dr. Tice sees students improve their communication, counseling, problem-solving skills along with learning to identify and resolve drug therapy problems, run a business, and implement pharmacy services. This is done through spending approximately a quarter of the student’s time on projects and a quarter on filling prescriptions. The other half of the time is spent with patients, giving the student the opportunity for a wide variety of experiences.

I was able to gather some thoughts of a past rotation student at Medicap in Ames, Dana Hanson. She informed me that students on this rotation are given the opportunity for one on one patient contact. Dana was excited about “refining patient counseling skills, learning important information to share with patients, and showing patients that they can manage their own health state.” She gave an OTC presentation to an elderly group (Prime Time Alive) that meets monthly. Sharing skills with the preceptors and site personnel was also a part of her rotation as she demonstrated how to use certain medical devices, (blood pressure monitors, glucometers, and ovulation kits) for the staff. Dana felt that her time was divided between the two pharmacists, Cheri and Alice, and working on projects when there were few patients to counsel, and occasionally she helped fill prescriptions when the pharmacy got busy. However, the majority of the student’s time was spent with patients, counseling, teaching and learning. This was the most rewarding part of the rotation, according to Dana. From Dana’s experience, it is easy to see that Cheri and Alice are very involved in improving the skills that are needed to be a good pharmacist.



Visit our new website!
www.pems.drake.edu



Tips for the Busy Preceptor – Maximizing your Effectiveness

University of Kentucky College of Pharmacy Experiential Office

Many of you already have an established routine in managing a student rotation and actually can make additional contributions to the list below. It is always helpful to reflect on our processes and consider if there are ways to make improvements or to use our time more efficiently.

Getting off to a good start:

Develop an orientation list – facilities, introductions, forms or systems, policies – of what the student needs to be made aware of the first day.

Make a list of these so your orientation will be consistent and easy to update. You don't have to spend time deciding what to cover with each student. It will help someone substitute if you are unavailable on the first day.

Provide a calendar of scheduled activities and deadlines – students can do a better job of managing their time if they can see the big picture and have a sense of direction for the month.

Be clear on how you want the student to participate – are some activities observational, while others require their hands-on involvement. Make sure you communicate expectations.

Review their portfolio (this gives you an idea of what was accomplished on prior rotations) and ask the student to write down 2-3 things that they want (or need) to learn from your rotation.

During the rotation:

Depending on the environment, you may have some scheduled times with the student for discussions or activities or may be working side by side and teaching as you are working together. Try to touch base with the student every day or every other day, even for just a few minutes and give feedback on the quality of performance. [At Drake we ask you to score logs weekly for feedback as well]

Obtain feedback from others the student works with and incorporate this into your evaluation.

Have a midpoint review on progress. If this is planned and scheduled, it is not overlooked when there is a time crunch. This is a time to let students know how they need to improve or if they are on target. [There is a form available in the Drake manual for help in completing midpoint.]

Others:

Expect the student to create or contribute something that will benefit your practice site. Keep a running list of potential projects that you can provide the student on the first day of the rotation.



Potential Student Projects

Present a topic of current interest or new drug to the pharmacists and/or technicians
Plan a nursing in-service to address a medication error or adverse drug reaction issue
Prepare or find pamphlets on particular patient education topics
Develop marketing materials for the pharmacy or a program in the pharmacy
Present interesting or complicated patient cases
Revise or help develop a web site
Develop a screening program for a particular group of patients
Present a current article for the staff
Do a math review for technicians



Pharmacy Faculty News

Pharmacy Faculty News

New Appointments:

Sandy Dirks, Elected to the Board of Psychology Examiners for the State of Iowa.

June Felice Johnson, Director of Faculty & Site Development for the College

Brad Tice, Director of Corporate Partnerships

Chuck Phillips, Department Chair, Pharmacy Practice

Bob Soltis, Department Chair, Pharmacy Science

Brad Tice recently was elected to the office of member-at-large of the Academy of Pharmacy Practice and Management for the American Pharmacists Association.

Promotions:

Renae Chesnut, Associate Dean for Academic and Student Affairs

Extramural Grants and Awards:

June Felice Johnson, Primary author on a collaborative grant from Wellmark Foundation for project titled, "Outcomes of a Diabetes Education and Monitoring Service for Indigent Patients Referred to a Centralize Pharmacy by a Safety Net Provider in Polk County: A Pilot Project."

Ronald Torry, Associate Professor of Pharmacology, has been selected as a Cardiovascular Fellow of the American Physiological Society.

Drake faculty, students, staff and alumni gathered in Harvey Ingham Hall to celebrate the dedication of the new Langford Patient Care Classroom (Room 19B) and Langford Sterile Products Laboratory (Room 214). The new facilities were made possible by a \$100,000 gift from alum Jay Langford, Pharmacy, '44.



JOURNAL CLUB TIPS

By Elizabeth Steensen '06

As practitioners, becoming comfortable with evaluating trials is key to remaining up to date on current therapies that will affect your patients.² Below are tips on how to begin your evaluation.

Introduction: Describe the problem investigated

These questions could be answered after reading the title and abstract of an article.

1. Is the question posed relevant and important to your practice setting?ⁱ
2. What intervention was studied? Is the outcome clinically important?
3. Are the study setting similar to your working environment so that, assuming valid results, they may be extrapolated and then implemented? ¹

Methods: Validity

1. Is the design of the study appropriate to answer the question posed in the introduction?¹
 2. Is the population and sample defined and are they similar to actual practice?¹
 3. Was an attempt made to blind the trial not only from patients but those who selected treatment assignment?ⁱⁱ
 4. Note any differences between treatment and control groups for randomization.²
 5. Is the sample size sufficient to answer the questions posed, and has there been an attempt to estimate the required numbers in advance? ¹(power)
- Power of a study depends on sample size needed to discover a difference between an intervention and control. For example, even if the result investigated is real, a study with low power will have indecisive results. In a situation with power that is too high, significant results will often be seen even if the size of the effect investigated is not practical or its significance is of little value.

Results: Significance

1. What type of study was conducted? Was this study a qualitative, descriptive, correlational, causal-comparative, or experimental study?ⁱⁱⁱ What leads you to this conclusion?
2. Were drop out rates included or is each person enrolled in the trial represented in the outcomes?² (Concept of intent to treat analysis may be used to ensure treatment mimics real clinical situations)
3. Have statistical tests been applied appropriately? ¹Are p values or confidence intervals used? ¹
4. Where statistically significant differences are found, are they sufficient to be clinically important? ¹

Reminder: Types of studies

- The aim of qualitative research is to discover the motivations and needs behind consumer attitudes and behavior, rather than measuring incidence or rationalized opinions.
- Descriptive studies usually performed through survey or observation simply describe a situation and allow the reader to draw conclusions.
- A correlational study explores different variables and allows the reader to draw conclusions about the extent of interrelation. Correlations between two variables allows for predictions about one variable if the status of the other is known. A value(r) near 1.0 indicates strong correlation while a value near 0 indicates weak correlation.

- Another type of research, causal-comparative, is designed to detect causal relationships among variables that cannot be manipulated (gender) or should not be manipulated (accident victims vs. non accident victims).³

Statistical significance:

- Confidence interval (CI) is a measure of the variability or an estimate of error in the data. A 95% confidence interval indicates that the true value for the population would be in the interval 95% of the time. (If CI of absolute rate reduction (ARR) includes 0 or CI for (relative rate reduction) RRR includes 1 the results are not significant.)²
- P value greater than alpha indicates the difference is not significant. (A p-value of 0.05 means that the probability of the difference between the two groups being chance is 5%)
- The number needed to treat or NNT can help determine clinical significance. NNT is the number of patients needed to receive a treatment for one patient to benefit from treatment. (NNT= 1/ARR) Number needed to harm or NNH is the number of patients needed to receive treatment for one adverse event to occur.²

Determining clinical significance:

- Make a list of efficacy endpoints and the percentage of patients with particular outcomes for both the treatment and the control groups. These percentages can be used to calculate absolute risk reduction (ARR) and relative risk reduction (RRR).
ARR= *event rate in control group - event rate in treatment group*
RRR= *ARR/event rate in control group*
- The ARR is used to determine the actual difference in outcome between two groups such as risk reduction or improved outcome. The RRR takes into account the frequency of the event in a controlled population. For example, if the occurrence of headache in the control group was 20% while only 15% in the treatment group, the ARR would be 5% (20%-15%). However, the RRR for this example would be 25% (5%/20%).²

Discussion: Conclusions

1. Does the discussion acknowledge methodological limitations of the study design?¹
 2. Are the conclusions drawn justified by the results presented?¹
 3. Do the authors speculate or extrapolate results beyond the evidence presented?¹
 4. Do the major conclusions and recommendations relate to the initial problem?
- Outline all possible strengths and weaknesses of the trial evaluated. What do you see as the strengths and weaknesses of this study? What did you learn that can be used in the future? Always remember to properly cite the sources used. Identify the author(s), date, title, and journal. Go to <http://www.bedfordstmartins.com/online/cite6.html> for reference on proper citation.

¹ **Research Article Critique Checklist** from Ridsdale; Practitioner, 1994. Retrieved Oct 10, 2004 from <http://www.orthoteers.co.uk/Nrujp~ij33lm/critique.htm>

² Askew JP. Journal Club 101 for the new practitioner: Evaluation of a clinical trial. *Am J health-Syst Pharm.* 2004; 61:1885-1887.

³ **Research Article Critique** from San Diego State University. Retrieved Oct 10, 2004 from <http://edweb.sdsu.edu/Courses/Ed690DR/articleCritique/researcharticlecritique.html>



PRECEPTORS:

We need your help! We will be asking preceptors to complete a survey to help us determine programming for preceptors and potential curriculum changes for our students. Watch for a notification in early January that gives the web address for our survey. You will also be able to find the link and the announcement on our website: pems.drake.edu as soon as it is available.

Currently the Experiential Program is looking for development opportunities for our preceptors, topics that we may offer to help preceptors be better teachers and/or better practitioners. Think about what you would find beneficial.

The College of Pharmacy is also taking a look at our curriculum. We would like to get your input since many of you have a unique perspective on our students.

We have been working with IPA to offer a preceptor development session again this year at the IPA Annual Educational Expo. (Option D: Preceptor Pearls Saturday January 22nd.) You can register for the Expo at www.iarx.org. This is a great way to connect with other preceptors across the state and get some CE at the same time!

Drake

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