



COLLEGE OF MEDICINE
RANGEL COLLEGE OF PHARMACY



the

ROTATION

The Office of Experiential Education's Preceptor Newsletter

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OFFICE OF EXPERIENTIAL EDUCATION

Memories With Mrs. Wood

Mrs. Wood has touched the lives of every student that she has taught, mentored, and encouraged throughout her years at Texas A&M University. From her wise words to her loving actions, she will never be forgotten. There is no doubt she will be greatly missed.

Farewell, Mrs. Debra Wood, R.Ph.



"I'm especially thankful for Mrs. Wood. At my very first service learning event, she asked us why we were here. Me, an excited P1 said, 'To teach patients and counsel them.' Mrs. Wood, in all her knowledge said, 'We are here to listen and to learn. They are the expert in their disease state because they live with it everyday.' I am thankful for that lesson, and the privilege that I have to be in a profession where I get to listen and learn everyday. Mrs. Wood is the type of person that feels like sunshine to be around. It doesn't matter if I have just gotten out of an exam, or had a horrible day, after being around Mrs. Wood I feel so much happier."

- Chidinma Ahiarah, Class of 2021

"Mrs. Wood, you have made a huge impact on not only my life, but also my son's life. Watching and learning how to understand and not just judge others' lives has been the most important thing I've learned from you. I want you to leave knowing you made an imprint on my heart I will NEVER forget. God truly sent an angel in my life that change me to fulfill my purpose He has for me."

Love, Dasha L. Cathey and Tasean A. Walker, Class of 2021/your nephew



"On my very first day of P1 orientation, Mrs. Wood pulled me aside and said, 'I know there's a lot of hate out there, but I want to let you know that we'll always have your back.' Mrs. Wood might be leaving us, but she will forever be in my heart."

-Zaynab Abidogun, lass of 2021



Welcome, Mrs. Lynde Buras, R.Ph.



Mrs. Buras is the newest member of the office of Experiential Education. She serves as the Experiential Education Coordinator on the College Station Campus. In 1992, she graduated from Texas A&M with a degree in Biomedical Science. Lynde received her Bachelor of Pharmacy Degree in 1995 from the University of Texas at Austin, where she was inducted as a member of the Rho Chi Society. She has been a practicing pharmacist for 25 years and was most recently the Pharmacist-in-Charge for Walgreens in Bryan, Texas. Mrs. Buras has served as one of our preceptors and developed a specialty MTM and immunization rotation for APPE students. She also serves on two committees at the College of Pharmacy, Preceptor Advisory Committee and Experiential Education Committee.

APPE REGIONAL CORNER

Fourth professional year (P4) students at the Irma Lerma Rangel College of Pharmacy are provided an opportunity to rank six Advanced Pharmacy Practice Experience (APPE) regions. P4 students complete four core rotations (Community, Health System, General Medicine, and Ambulatory Care) and two or more elective rotations in their respective regions.



CORPUS CHRISTI REGION
Caren Mose
4th Year Professional Pharmacy Student, Class of 2020

"The limitless opportunities offered within the Corpus Christi region and the wonderful preceptors who have a genuine interest in students have made for a positive learning experience for me. It has been very rewarding during my residency match process. I was offered 9/10 on site residency interviews, and from what I gathered during my interviews, the challenging clinical rotations I selected and completed prior to interviewing and the great recommendation letters from my preceptors made me stand out as an applicant. They have given me opportunities to shadow different specialties, such as Oncology and Critical Care, which have been enriching experiences.

I have completed six rotations and am currently finishing a seventh, an ED elective rotation at CHRISTUS Spohn Hospital. I added this rotation after shadowing Dr. Laura Sample, the ED pharmacist, during my hospital administration rotation at Spohn. Her enthusiasm is very inspiring and the experience I got during the one day of shadowing her sparked my interest in adding the elective. Additionally, all the preceptors for Hospital Administration - Dr. Sara, Dr. Chad and Dr. Rachel - and in General Medicine - Dr. Horseman, have been outstanding teachers and great models for me to follow. They have given me opportunities to shadow different specialties such as Oncology and Critical Care of which I have had an enriching experience.

The Pediatric Critical Care rotation at Driscoll Children's Hospital with Dr. Adriana Gonzales was most significant and rewarding. I received the most pediatrics-educational, hands-on experience I have had in four years of pharmacy school from all the different preceptors at the site. They challenged me to learn - expectations were high and that created an environment of great learning. She welcomed my many questions and let me shadow different preceptors and participate in rounds by myself which helped me build autonomy in making recommendations for DI inquiries.

Ambulatory Care and Transition of Care rotations at the VA with Dr. Luke and Dr. Trevino were unique learning experiences because of the patient population, HER system and the role clinical pharmacists play in prescribing authority and collaborative drug therapy management. Other experiences included a Warfarin clinic, Psychiatry, and Battlefield Acupuncture for chronic pain management, an experience I would not have had outside the VA.

Overall, the Corpus Christi Region offers a unique learning experience based on the indigent patient population with complicated medical conditions that you may not experience somewhere else and most of the sites are teaching hospitals. The preceptors are knowledgeable, caring, and make a great commitment to make sure students learn all they can."



BRYAN/COLLEGE STATION REGION
Dylan James Clay
4th Year Professional Pharmacy Student, Class of 2020

"My fourth year of pharmacy school has provided me with some incredibly rewarding experiences. I encountered areas of pharmacy practice that I had not been exposed to before. These experiences provided a challenging learning environment that helped me not only grow as a future Pharmacist but as a person. I will remember each rotation I completed and the lessons I learned.

During my first rotation with Dr. Alonzo at Health for All in Bryan, I had the opportunity to assist an underserved patient population. I gained clinical experience and knowledge that helped better prepare me for my following rotations. I am also incredibly grateful for helping Dr. Alonzo with trainings for the Opioid Task Force and developing provider handouts to assist in the care of LGBTQ individuals.

My following rotations would also help shape the pharmacist I am becoming. My community pharmacy rotation at HEB in College Station helped to remind me of the important role that a pharmacist can play in a community by developing relationships with patients. My general medicine rotation with Dr. Weston at St. Joseph's Hospital in Bryan reinforced the importance of working as a team across professions. I was able to round with medical residents on a daily basis while following patients and monitoring their progress. My nuclear pharmacy rotation showed me a different avenue of pharmacy that I had not encountered previously and widened my view of what pharmacy can be. My institutional rotation at Huntsville Memorial Hospital with Dr. Cunningham showed me how much behind the scenes work pharmacists do. I was also able to see day to day how changes in a patient's medications impacted them.

I am excited to complete my final rotation at Texas A&M Veterinary Medical Center and for my future as a pharmacist."



Dr. Meghan Thibeaux,
PharmD, BCPS
Pharmacy Clinical Specialist,
Houston Methodist Sugar
Land Hospital

Serving as a preceptor to pharmacy interns is mutually beneficial for mentors and mentees. Preceptors are able to expand their productivity while pharmacy interns gain knowledge and experience to further their professional development. Investing more in your students today can have a significant positive impact on your department and patients.

To maximize the benefits for a pharmacy intern rotation experience, here are three tips preceptors could consider:

Define and Align Expectations

On the first day (or before), clearly outline and set expectations so there is no confusion regarding the goals of the rotation. Consider creating a list or PowerPoint of all expectations so nothing is left out. Then ask the student about their expectations for the rotation, what they would like exposure to, and how they learn best (such as visual, auditory, or kinesthetic). This enables the preceptor to identify opportunities and adjust the rotation to optimize the student's education.

Conduct Development Touchpoints

Dedicate time to assess and discuss progress throughout the rotation (usually 5 to 10 minutes). At the end of every week, for example, ask the pharmacy intern to list their strengths and opportunities for learning. For every learning opportunity, have the student state where they struggle most and specify the actions they will take to improve. During this time, the preceptor can provide feedback to the pharmacy student and suggest additional resources to support them. Another aspect to consider is to ask the pharmacy intern for their feedback on the rotation. This fosters greater communication and ensures the rotation is a success for everyone.

Address Problems Promptly

If an issue arises, address it immediately and do not wait until evaluation time. Addressing issues promptly can prevent the issue from becoming a negative habit. Additionally, it can allow time to collaborate with the student's college officials if the issue is not resolved after addressing it with the student initially.

Although training our future advocates of the pharmacy profession can be rewarding in itself, students play an important role in expanding department efficiency and capacity. Here are a few ideas on how students can make an impact at their rotation site:

- If students are trained early in the rotation to educate patients, then this could greatly expand the number of patient educations. Depending on the pharmacy rotation site, this could include patient educations, discharge counseling, confirming medication history for patients, and utilizing telecommunication for education.
- Include students on data collection for medication utilization evaluations, supporting cost-saving initiatives, and research projects. This provides opportunity for the students to learn while saving you time to perform other duties.
- Have the student conduct a staff in-service. The discussion topic could be regarding a new process, emphasizing patient safety, or explaining new evidence-based practices. In-services provide a platform for the student develop presentation skills while providing vital services for the department.
- Consider utilizing students for improvement projects and routine audit checks. Students can observe and identify opportunities to enhance existing processes or provide a new perspective on department challenges. This allows them to understand pharmacy workflow and helps you identify areas of improvement for your facility.

With these helpful tips in mind, what actions will you take today as a pharmacy preceptor to create a stronger pharmacy rotation program tomorrow?

What is COVID-19?

Coronavirus Disease 2019, (COVID-19) is a respiratory illness caused by a virus, SARS-CoV-2 or Severe Acute Respiratory Syndrome Coronavirus 2. On January 30, 2020, the World Health Organization declared this outbreak a public health emergency of international concern. On March 13, 2020, President Trump declared a national state of emergency.

Per the Centers for Disease Control and Prevention (CDC), coronaviruses derive their name from the fact that under electron microscopic examination, each virion is surrounded by a "corona," or halo. SARS-CoV-2 falls under a family of coronaviruses, which include SARS-CoV, MERS-CoV, and now SARS-CoV-2. Coronaviruses are common in people, as well as in animals such as bats, camels, cats, and cattle. Rarely do animal coronaviruses spread to humans, but instances such as SARS, MERS, and COVID-19 are all thought to have spread from bats and mutated in a way that they now cause disease in humans.

How does it spread and can I be infected?

This virus spreads very easily from a simple cough or sneeze. The tiny respiratory droplets containing the virus are released which can land on another person's mouth, nose, or eyes. The virus is then able to enter a new person. As infected individuals travel to non-infected areas, people are beginning to contract the disease more rapidly.

How do symptoms present?

Based on CDC data, more than 80% of patients have a mild infection presenting with few or no symptoms (carriers). The other 20% have symptoms such as fever, cough, and shortness of breath, which can exacerbate to a complicated pneumonia. When a person is infected, these symptoms develop about five days later.

The major cause of death for people over the age of 60 and those patients with underlying medical conditions has been due to severe lung damage. The severe lung damage can cause acute respiratory distress syndrome which occurs when the lung inflammation is so severe that fluid builds up around and within the lungs. This severe infection can lead to septic shock which occurs when the blood pressure drops dramatically and organ perfusion and oxygenation become inadequate to sustain vital functions.

Who's at a higher risk?

The spread of COVID-19 is a rapidly evolving, dynamic situation, and is being monitored and updated daily. As of April 7th, there have been over 374,329 confirmed cases of COVID-19 in the US, and 8,262 of them exist in Texas. Worldwide, there have been 12,064 confirmed deaths with an estimated mortality rate of 1-3%.

The mortality rate of COVID-19 ranges differ by age groups where the fatality rate is relatively low if you are under the age of 60. The mortality rate is higher for patients with a comorbid condition such as hypertension, diabetes, cardiovascular disease, chronic respiratory disease, and cancer.

How to prevent or contain the virus?

Healthy people should maximize preventative measures by hand washing with soap, avoid touching the face, cleaning and sterilizing surfaces, and staying away from crowded places. It is important to minimize the outbreak of the virus by limiting travel to disease outbreak areas and maintaining the safe social distance of 6 feet.

It is also important to avoid person-to-person transmission in areas with community transmission so those individuals with mild symptoms whether they have been diagnosed or not should wear a mask and self-quarantine in their home. If symptoms worsen, they must call their doctor. For people with symptoms that live with others, they should self-quarantine in a separate room and bathroom. Individuals with no symptoms, but with a higher risk it is recommended they self-quarantine to avoid the chance of getting sick. Individuals with no symptoms who have recently visited high risk areas, in the world, are recommended to self-quarantine for 14 days to avoid the chance of infecting others.

Map of affected areas around the world



How does one get diagnosed?

A number of cities have taken precautions by having rapid screening and diagnosing drive-thru testing clinics. To confirm the diagnosis, a reverse transcription polymerase reaction (RT-PCR) test can be done which detects very small amounts of viral RNA. Some-times early in the disease, the RT-PCR test can miss the infection. Therefore, a chest CT Scan is also done to help detect the presence of viral pneumonia. Other common diagnostic tests for other symptoms are done such as a quick swab flu test and respiratory viral panel to look for alternative causes of the symptoms.

Treatment Options

The current treatment is focused on supportive care by providing patients with fluids, oxygen, and ventilatory support. There has been some data that has shown Remdesivir, an antiviral drug previously used as a treatment for Ebola virus and Marburg virus to be used to treat this COVID-19. There are current clinical trials being done in the US and China for the use of Remdesivir and other antiviral drugs. There is said to be a vaccine in the pipeline with a projected release date of 2021.

How can pharmacists help?

As healthcare providers, pharmacists play an integral role during a pandemic by supporting the efficient delivery of local health-care services:

- Offer services where pharmacists may be utilized such as administering vaccines (once developed); screening patients; and educating the public with official messages and materials.
- Establish a system to monitor coronavirus- monitor illness in patients cared for in the practice, including the purchase of OTC medications in the community and admitting diagnosis to hospitals.
- Helping workforce stay informed: A SHP's COVID-19 Resource center

Resources

1. <https://www.ashp.org/Pharmacy-Practice/Resource-Centers/Coronavirus/COVID-19-Healthcare-Guidance>
2. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
3. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
4. COVID-19 in the US: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>
5. https://cdn.ymaws.com/www.aparx.org/resource/resmgr/imported/Pandemic_Preparedness_Guide.pdf



This is a picture of CDC's laboratory test kit for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). CDC is shipping the test kits to laboratories CDC has designated as qualified, including U.S. state and local public health laboratories, Department of Defense (DOD) laboratories and select international laboratories. The test kits are bolstering global laboratory capacity for detecting SARS-CoV-2.

*For more information on the University efforts in responding to COVID-19, please visit <https://www.tamu.edu/coronavirus>.



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