

# Preceptor Newsletter



Summer 2006

Volume 1, Issue 2

## New and Noteworthy

### WVU School of Pharmacy Dean to Retire

After ten years as dean of the West Virginia University School of Pharmacy, Dr. George Spratto retired in August 2006. Spratto served as dean since June 1995.



“Dr. Spratto will be missed not just by the School of Pharmacy, but by the entire University,” said Robert M. D’Alessandri, M.D., WVU’s vice president for health sciences. He has provided informed leadership that has benefited our students, our institution and the state.”

During Spratto’s tenure, the School of Pharmacy enjoyed growth in student numbers, as well as in the areas of increased private research funding.

“We have seen a tremendous increase in the student applicant pool over the past few years” said Spratto. “I think more students now recognize that an education in pharmacy provides a number of career possibilities, and the job market is wide open.”

When Spratto assumed the role of dean, each pharmacy class was comprised of 65 students in a baccalaureate program. In an effort to help meet the increasing demand for pharmacists, both in the state and nation, the school expanded its class size in 2000 and now accepts 80 students into each class.

The entry-level degree offered by WVU School of Pharmacy also changed during Spratto’s time here. When he arrived, the school offered a Bachelor of Science program that was open to undergrads with two years of successful pre-pharmacy coursework. Now, students enter the School after two years of college work and begin a four-year course of study that leads to a Pharm.D. degree.

## Mark Your Calendar

Please mark your calendar for the following upcoming dates and deadlines:

### APPE

- Block 4: August 21, 2006 – September 15, 2006
- Student Assessment Forms from Block 4 are due on or before September 22, 2006
- Block 5: September 18, 2006 – October 13, 2006
- Student Assessment Forms from Block 5 are due on or before October 20, 2006
- Block 6: October 16, 2006 – November 10, 2006
- Student Assessment Forms from Block 6 are due on or before November 17, 2006
- Block 7: November 13, 2006 – December 15, 2006
- Student Assessment Forms from Block 7 are due on or before December 22, 2006

### Changes Announced for the Community IPPE Program

P1 students now participate in pharmacy practice experiences in the community setting. The program was implemented in the fall 2005. We have listened to preceptors and students and the result is changes in how the student completes these experiences.

As in the past, students will be assigned to a community pharmacy in or near their hometown and will spend 20 hours in the pharmacy in the fall and spring semesters. Instead of a structured series four 5-hour visits, students will now work with their preceptor to identify the 20 hours throughout the semester, thus providing greater scheduling flexibility to preceptor and student.

In addition, we have developed an Activities/Discussion Workbook, much like the one used in the APPE community rotations. Each semester and the two-week capstone community rotation have a separate workbook. Preceptors will initial the activities/discussion items and students will have fewer written assignments to be reviewed by the SOP.

We are presently assigning the new P1 class to their IPPE community site. Preceptors will be contacted within the next 10 days to verify their availability.

## **New and Noteworthy continued**

“The role of a pharmacist has evolved so much over the years,” said Spratto. “It became necessary to expand the curriculum and require more extensive training in order to produce pharmacists who were ready to meet the medication management needs of today’s patients.”

Private funding to help renovate and expand facilities has also blossomed under Spratto’s deanship. In 1999, the Mylan Center for Pharmaceutical Care Education opened. The center, which includes a laboratory to make IV solutions, a combined computer and wet- lab facility, demonstration area, classrooms, library and model pharmacy, was created to provide state of the art facilities for teaching and experiential education.

A gift from WVU School of Pharmacy graduate Gates Wigner funded renovations and construction of new offices, conference rooms and research space, all located in the Wigner Education and Research Suite. A second gift from Wigner funded the creating of the Wigner Research Laboratory, which houses the school’s Computational Chemistry and Molecular Modeling Lab and the Pharmacology Research Lab.

Pharmacy retailer CVS recently funded renovations and the creation of the CVS Career Resources Room. The room is designed to provide students with information and access to resources regarding the variety of employment and residency opportunities available.

“The WVU School of Pharmacy has such strong support from our alumni and friends,” said Spratto. “I have been honored to work with so many wonderful individuals and organizations to enhance our teaching and research facilities.”

The increased need for research space was a problem the school welcomed, as it resulted from a substantial increase research grants. Funded research conducted by School of Pharmacy faculty members focuses on the treatment of a variety of disease affecting West Virginia citizens. This includes research in the treatment of cancer, asthma, diabetes, neuro-disorders, as well as in the efficient and most effective use of drug therapies.

Spratto also made outreach to WVU School of Pharmacy alumni and state pharmacists a goal for the school. The number of alumni who serve as student preceptors and the increase in pharmacy continuing education programs provided by the school are evidence of this.

“Continuing education has really expanded and we now provide hundreds of hours of credit each year to state pharmacists through our numerous CE opportunities,” said Spratto. WVU School of Pharmacy now serves as one of only two providers of pharmacy continuing education credit in the state.

Spratto, a native of Southington, Conn., completed his undergraduate studies at Fordham University College of Pharmacy. He furthered his studies at the University of Wisconsin and attained his doctorate degree in pharmacology from the University of Minnesota.

Prior to coming to WVU, Spratto spent 27 years at Purdue University School of Pharmacy and Pharmaceutical Sciences where he served as a professor, associate head and associate dean for professional programs.

He continues to be active in and has held leadership positions in a number of state and national organizations including the American Association of Colleges of Pharmacy, the National Association of Chain Drug Stores Pharmacy Education Advisory Committee, and the West Virginia Society of Health System Pharmacists. Spratto also serves as an ex-officio Board of Directors member for the West Virginia Pharmacists Association. He currently serves on the Board of Directors of the Accreditation Council for Pharmacy Education.

While at WVU, Spratto also served as interim director of the Mary Babb Randolph Cancer Center, and was working to help create a School of Pharmacy in Muscat, Oman.

Upon his retirement, Spratto and his wife Lynn returned to Connecticut.

Patricia A. Chase, Ph.D. will take over the role of Dean of the School of Pharmacy and will be introduced in the next Preceptor Newsletter.

## The Language of Experiential Education



We have our own unique vocabulary in the professional of experiential education. Often, we find ourselves speaking in acronyms and struggling to learn the new language generated by the most recent accreditation report. As experiential education becomes a major focus in delivering pharmacy education, I thought it might be helpful to share with you pieces of our special language.

### **ACPE** – Accreditation Council for Pharmaceutical Education

The national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education.

The revised *Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree* was adopted on January 15, 2006 and will become effective on July 1, 2007.

### **IPPE** – Introductory Pharmacy Practice Experiences

IPPE takes place in years 1-3 and involves “actual practice experiences in community and institutional settings and permit students, under appropriate supervision and as permitted by practice regulations, to assume direct patient care responsibilities”. IPPE “must be interfaced with didactic course work that provides an introduction to the profession, and continue in a progressive manner leading to entry into the advanced pharmacy practice experiences”. (Standard No. 14, Guideline 14.4)

WVU SOP students focus on community pharmacy in year 1, institutional pharmacy in year 2 and year 3 is currently under development. We anticipated that year 3 would involve acute and/or ambulatory care experiences. Shadowing visits occur (community and hospital) in PY1 and service learning is introduced in year 2.

### **APPE** – Advanced Pharmacy Practice Experiences

APPE occurs in the 4<sup>th</sup> professional year and provides for “a balanced series of required (the majority) and elective experiences that cumulatively provide sustained experiences of adequate intensity, duration, and breadth (in terms of patients and disease states that pharmacists are likely to encounter when providing care) to enable achievement of stated competencies as demonstrated by assessment of outcome expectations. Generally, the required and elective experiences should be full-time, provide continuity of care, and be conducted under pharmacist-preceptor supervision and monitoring. Most of the time assigned for students in advanced pharmacy practice experiences should involve direct patient care.” Required rotations include community care, hospital or health-system pharmacy, ambulatory care, and inpatient/acute general medicine.

(Standard No. 14, Guideline 14.5)

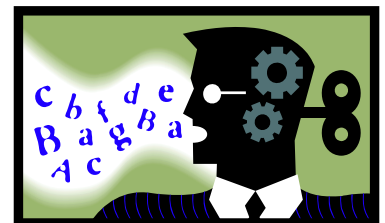
### **Service Learning**

A structured learning experience with clearly defined objectives that combines performing service in the community with preparation, reflection, and discussion. Think community service with learning objectives and personal reflection!

The SOP is working with the WVU Center for Civic Engagement to offer service learning opportunities to our students in year 2.

### **Experiential Education Committee**

Serves as an advisory committee for policy and procedures related to experiential education. The committee deals with issues such as attendance, dress code, site evaluation, and site/preceptor approval. This committee works jointly with the SOP Assessment Committee to develop methods to assess student and preceptor performance. SOP faculty, adjunct faculty preceptors and students serve as committee members. The committee meets monthly.



## Welcome New Preceptors and Sites!

With the inception of the new IPPE program and the ever expanding APPE program, we have gained several new preceptors and sites. We apologize for any that may have been left off of this list.

- Rite Aid Pharmacy #2799 – Fairmont, WV (Dani Dolin, Pharm.D.)
- Department of Veterans Affairs Medical Center – Beckley, WV (Susan Bailey, R.Ph.)
- Cardinal Health – Huntington, WV (Byron Alfrey, Pharm.D.)
- Cheat Lake Animal Hospital – Morgantown, WV (Scott Secrest, DVM)
- Walgreens Pharmacy #1634 – Knoxville, TN (Lina Robinson, Pharm.D.)
- CAMC – General Division – Charleston, WV (Corleen Patterson, R.Ph., John Betha, Pharm.D., Joseph L. High, Pharm.D., Carol Morreale, Pharm.D.)
- Walgreens Pharmacy #7341 – Cary, NC (Suman Kenth, Pharm.D.)
- Walgreens Pharmacy #7652 – Bluffton, SC (Bonnie Meyerink, R.Ph.)
- Walgreens Pharmacy #7942 – Whitehall, OH (Kim Laughlin, R.Ph.)
- Walgreens Pharmacy #7399 – Lexington, SC (Himanshu Patel, Pharm.D.)
- Walgreens Pharmacy #7554 – Glen Burnie, MD (Brian Robinette, R.Ph.)
- Walgreens Pharmacy #1034 – Crafton, PA (Jennifer Cantanese, Pharm.D.)
- CAMC – Memorial Division – Charleston, WV (Jill Anderson, Pharm.D.)
- St. Claire Regional Medical Center – Morehead, KY (Mohammad Siddiqui, Pharm.D.)
- Walgreens Pharmacy #1073 – West Columbia, SC (Carrie Smoak, Pharm.D.)
- Beckley Appalachian Regional Hospital – Beckley, WV (Amanda Bowles, Pharm.D.)
- Walgreens Pharmacy #4958 – Naples, FL (Michael Frino, R.Ph.)
- The Johns Hopkins Hospital – Baltimore, MD (Carlton Lee, Pharm.D., Edward Horn, Pharm.D., Leann McNamara, Pharm.D.)
- WVU Hospitals, Inc. – Morgantown, WV (Samantha Price, Pharm.D.)
- Veterans Affairs Medical Center – Martinsburg, WV (Richard Losh, R.Ph.)
- Braxton County Memorial Hospital – Gassaway, WV (Tim Robbins, Pharm.D.)
- Town and Country Drug – Stonewood, WV (Carissa Bartlett, Pharm.D.)
- Princeton Community Hospital – Princeton, WV (Jennifer Bailey, R.Ph.)
- NewPage Pharmacy – Piedmont, WV (Brent Barrick, Pharm.D.)
- CVS Corporation – Myrtle Beach, SC (Art Bonner, R.Ph.)
- Access Health Pharmacy – Beckley, WV (Robert Butcher, R.Ph.)
- Walgreens Pharmacy – Morgantown, WV (Scott Tingler, Pharm.D.)
- Rite Aid Pharmacy #949 – Oak Hill, WV (Natalie Cochran, Pharm.D.)
- Walgreens Pharmacy #4330 – Knoxville, TN (Mary Jo Collins)
- VA Pittsburgh Healthcare System – Pittsburgh, PA (Melissa Crawford, Pharm.D.)
- Walgreens Pharmacy #3209 – Knoxville, TN (Davonna Foley, Pharm.D.)
- Cabell Huntington Hospital – Huntington, WV (Lisa Frazier, Pharm.D.)
- Walgreens Pharmacy #2732 – Glen Allen, VA (Jamie Haight, R.Ph.)
- Rite Aid Corporation – Beckley, WV (Melvin Jamison, R.Ph.)
- Care Partners Home Therapies – Morgantown, WV (Dawn Lancaster, Pharm.D.)
- Walgreens Pharmacy #1560 – Wilmington, NC (Mary Brooks Parrow, Pharm.D.)
- Walgreens Pharmacy #0259 – Chicago, IL (Juma Sabin, Pharm.D.)
- St. Joseph’s Hospital – Buckhannon, WV (Eric Strother, R.Ph.)



## Clinical Pearls

Marie A. Abate, BS, PharmD.

Professor of Clinical Pharmacy and Director of Assessment  
Director, WV Center for Drug and Health Information

### Macular Degeneration

June was Vision Research month, and pharmacists should be familiar with age-related macular degeneration (AMD) and ways it might be prevented or detected at an early stage. AMD is an eye disease that affects the macula in the retina that can either slowly, or in some cases rapidly, result in blurring and loss of central vision. Although it can begin in middle age, the incidence of AMD increases with age. It is the leading cause of blindness in adults 60 years of age and older.

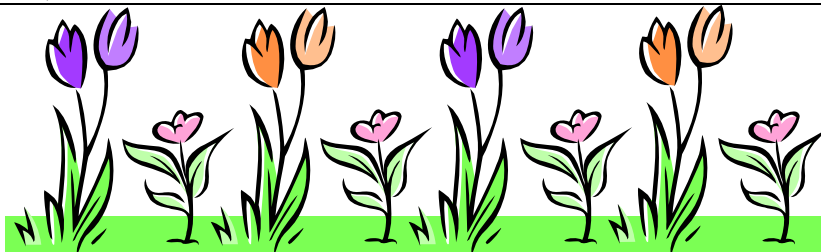
There are two types of AMD: wet AMD and dry AMD. In wet AMD, fragile abnormal blood vessels grow under the macula that leak fluid and blood, resulting in displacement and macular damage. This damage can occur rapidly resulting in central vision loss. Wet AMD is more severe than dry AMD and is considered to be an advanced form of AMD. Straight lines that appear wavy are often an early symptom of wet AMD. With dry AMD, macular light-sensitive cells break down slowly, generally resulting in a gradual blurring of central vision in the affected eye(s) with eventual vision loss. A common early symptom of dry AMD is slightly blurred vision and the need for more light for reading and performing other tasks.

Research continues into ways of preventing or slowing the progression of AMD. The Age-Related Eye Disease Study (AREDS) found that high dose supplements of vitamin C, vitamin E, beta-carotene, zinc (zinc oxide), and copper (cupric oxide) led to significantly reduced progression of AMD in patients with intermediate or late monocular AMD. Since the long-term risks of high doses of these supplements are not clear, patients should not consume them without checking first with their physician or eye care professional.

A recent prospective, population based cohort study, however, found that high dietary intake of vitamin E and zinc was associated with a lower risk of AMD and that above median intake of vitamin C, vitamin E, beta carotene, and zinc was associated with a 35% lower AMD risk.<sup>1</sup> Although there are problems inherent in any cohort study design, it is appropriate to recommend that patients with either a family history of AMD or signs of early AMD consume a diet high in these antioxidants. Pharmacists can suggest broccoli, green peppers, potatoes, and citrus fruits and juices as sources for vitamin C; whole grains, eggs, nuts, and vegetable oils as sources for vitamin E; carrots, spinach, and kale as sources for beta carotene; and whole grains, poultry, fish, and dairy products as sources for zinc.

In addition to regular visits to an eye care professional, patients can also check their vision at home for early signs of AMD using the Amsler Grid. This is a grid with a dot in the center; abnormalities in the appearance of the grid such as seeing wavy lines or blurred or blank areas can indicate the presence of AMD. The Amsler Grid with instructions for use can be obtained from the Prevent Blindness America web site at: [http://www.preventblindness.org/eye\\_tests/amd\\_test.html](http://www.preventblindness.org/eye_tests/amd_test.html). Other useful web sites providing AMD information for patients or professionals that pharmacists can recommend include: 1) [amd.org](http://amd.org) (Macular Degeneration Partnership); 2) [nihseniorhealth.gov](http://nihseniorhealth.gov) (NIH SeniorHealth); and 3) [www.nei.nih.gov/health/](http://www.nei.nih.gov/health/) (National Eye Institute).

1. van Leeuwen R, Boekhoorn S, Vingerling JR, et al. Dietary intake of antioxidants and risk of age-related macular degeneration. *JAMA* 2005;294:3101-7.





# Football Parking Passes



Let's Goooooooooooo Mountaineers!!!! With the 2006 Football season quickly approaching we wanted to remind our active adjunct faculty that we will again be offering parking passes for home football games.

As a small token of our appreciation of your teaching efforts, we are able to offer parking passes at the Health Sciences Center for home football games. Due to construction at the Health Sciences Center there is limited parking. Permits are subject to availability. *If a parking pass is not available to you, we will call you as soon as we find out to let you know.*

In order to reserve a parking pass you must contact Jenny Ostien at 304-293-1464 or [jostien@hsc.wvu.edu](mailto:jostien@hsc.wvu.edu) before the close of business (4:45 PM) on the **Monday before each home game**. Passes may then be picked up at Suncrest Pharmacy (next to BiLo Foods on University Avenue) after 5:30 PM Friday afternoon preceding the game. Passes must be reserved for each game **individually**.

**\*For the Thursday, September 14, 2006 game, please call to reserve the pass no later than Wednesday, September 6, 2006. Parking passes may be picked up after 5:30 PM the day before the game.**

**Please note:** recent graduates **do not** serve as preceptors until one year after graduation and therefore are not eligible for parking passes.

*Thanks for all your hard work and dedication in educating our students.*

Day	Date	Opponent	Time
Saturday	Sept. 2	Marshall	3:30 PM
Saturday	Sept. 9	Eastern Washington	1:00 PM
<b>*Thursday</b>	<b>Sept. 14</b>	<b>Maryland</b>	<b>7:30 PM</b>
Saturday	Oct. 14	Syracuse	12:00 PM (noon)
Saturday	Nov. 11	Cincinnati	12:00 PM (noon)
Saturday	Nov. 25	USF	12:00 PM (noon)
Saturday	Dec. 2	Rutgers	TBA



# From the Director's Chair



## The New APPE Student Assessment Form

A new student assessment form was introduced with the beginning of the 2006-2007 experiential year. The new form is competency-based and is derived from recommendations of the Institute of Medicine's (IOM) 2003 report *Health Professions Education: A Bridge to Quality*. You will note that our competency categories mirror the five areas of proficiency identified in the report.

The report directs educators and accreditation, licensing and certification organizations should ensure that students and working professionals develop and maintain proficiency in five areas:

- delivering patient-centered care,
- working as part of interdisciplinary teams,
- practicing evidence-based medicine,
- focusing on quality improvement and
- using information technology

### Highlights of the New APPE Student Assessment Form

- Preceptors will complete and evaluation at the end of week 2 and the end of week 4.
- The evaluation **MUST** be discussed with the student. In addition to asking preceptors on the form if the evaluation was discussed with the student, we also ask the student if the preceptor discussed the 2 and 4 work evaluations with them.
- An average score of 5 is required to pass the rotation. It is possible to pass a rotation and not pass a competency. The SOP will provide remediation for any student who receives a week 4 score of less than 5 in a particular competency. The SOP will then issue the final grade for the rotation.



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