DIRECTORS COLUMN

I hope everyone is ready for a pleasant spring following the rough winter we had in Tennessee this year. This may have been a record winter for inclement weather issues. Thank you for working with us through these obstacles in both the experiential setting and the classroom.

I want to give you a quick update on where we are from a scheduling standpoint. We completed the scheduling of the IPPE community and institutional rotations for the class of 2013 in late March. These schedules are available for you to review on E*Value at any time. These particular rotations will commence in June, 2011, and will include July, 2011, January, 2012, and February, 2012. We will send to you our first call for availability in June for APPE rotations that will begin in January, 2012 for the class of 2013.

I want to use the rest of this column to recognize a specific group of preceptors. The Office of Experiential Education would like to give a special thank you to those of you who precept our 2-week IPPE rotations in either the community or institutional setting. Because these rotations are offered only across 4 months each year and are only 2 weeks in length, they don’t receive the recognition they should. For the student pharmacist who has work experience exclusively in the community setting, the IPPE institutional rotation is their first exposure to health-system pharmacy. Likewise, for those student pharmacists who have work experience exclusively in the institutional setting, the IPPE community rotation is their first exposure to community pharmacy as a noncustomer. Please continue to provide the excellent experiences in these formative stages of our student pharmacists’ training in experiential education.
Welcome New Faculty

Christopher Konecny  St. Jude Children’s Research Hospital
Mike White  Blue Cross Blue Shield of Tennessee
Erica Rawdon  Cookeville Regional Medical Center
DeAnne Pace  Lexington Discount Drugs
Marnie Hevrdeys  Cookeville Regional Medical Center
Dinah Jordan  Mississippi State University
Pratish Patel  Monroe Carell Jr. Children’s Hospital
Susan Hamblin  Vanderbilt University Medical Center
Tim Woodward  Moccasin Bend Mental Health Institute
Lydia Hutchinson  Methodist Extended Care Hospital
Carrisa Lynch  Network Healthcare
George Perry  Walgreens, Germantown, TN
Bryan Paul Jett  VA Medical Center, Jackson Clinic

BLACKBOARD – EDUCATIONAL MANAGEMENT SYSTEM

Last year you were finally going to go to Blackboard to view information about our experiential education program, but never got to it. Here is a great second chance by following these simple steps?

Go to the UT Health Science Center website (http://www.uthsc.edu)
⇒ Enter your last name in the “Google Custom Search” box and hit “go”.
⇒ You will see your name there – the netID is your “username”
⇒ Go back to the home page and click on “Blackboard” (above the picture)
⇒ Click on “Forgot username - password”

The simplest way to get your password is to just click on helpdesk@uthsc.edu
The helpdesk can help you reset your password

Once you have your username and password, click on Blackboard and then the white glove to log in. You are enrolled in a class called Experiential Education.

In Experiential Education you will find the most up-to-date Preceptor Handbook, grading forms, a link to E*Value, and current and past Office of Experiential Education newsletters. (all found by clicking the “Preceptors” dot). By clicking the “Rotations” dot, you will find your site with the information we provide to students. If this is ever out of date, feel free to let us know.
Dr. Heather Holt is a Clinical Specialist in Critical Care at Parkwest Medical Center in Knoxville. She also serves as an Assistant Professor in the Department of Clinical Pharmacy.

1. What formal pharmacy training did you have before becoming a faculty member?
- Pharmacy School: Mercer University College of Pharmacy and Health Sciences
- Residency: PGY1 (Pharmacy Practice) and PGY2 (Critical Care) at University of Tennessee Medical Center.

2. Why did you pursue a career as a part-time faculty member?
“I believe in the importance of continued clinical teaching. Students often struggle to make the transition from the classroom to clinical rotations so they need solid rotations to help make this important transition.”

3. Why did you choose critical care as a career direction?
“I like fast-paced, quick-thinking environments. I believe that critical care allows the clinician to see the patient as an overall picture and not just focus on one aspect of their health.”

4. What is it like balancing your personal and professional life?
“Hectic! I believe my personal life is easier than some because I do not have kids or a dog, but have been married since 2009 and basically started precepting as a first-year resident. The hardest part is balancing expectations from my employer and expectations that I have as a preceptor. Although both aspects of my professional life are supportive of one another, it is still a juggling act to get all of my work done and see my husband who also is busy pursuing a degree in civil engineering. I am a self-admitted ‘people-pleaser’ and do not like to leave work until everyone has been taken care of and often times that is an impossible task!”

5. What do you enjoy the most about being a preceptor?
“I like to see students transition from textbook learning to clinical application. I love to see when the light bulb goes off for students, and they realize that making decisions on patient care often lie in the ‘gray zone.’ I love when students start to anticipate the next clinical move and see the bigger clinical picture.”

6. Give an example of when a student on your service made a major intervention.
“Approximately 90% of my students will make a major intervention when it comes to antimicrobial stewardship and reading culture and sensitivity reports. Students will make recommendations to their treatment team for appropriate antibiotic therapy that not only shortens the patient’s overall treatment course but also provides the institution with a huge cost savings. All of which illustrates the value of a pharmacist on a patient-care team.”

7. How do you handle a student that has substantial deficits in their database?
“I have been lucky to not have any students with substantial deficits. I believe that students are often intimidated by their preceptor or the patient-care team and may simply need some one-on-one encouragement to feel more confident in making recommendations. I tell my students that it is okay not to know something, but it is important to know where to find the answer and use appropriate references.”

8. Have you ever learned something new from a student?
“All the time! Students ask questions all the time that serve as excellent drug topic refreshers to preceptors who practice in a specialized area of pharmacy. Students often ask questions or want to have topic discussions outside of their preceptor’s specialty field, and it gives both the student and faculty member a chance to learn and review.”

9. How do you handle a student who has inappropriate professional behavior on a rotation?
“The few instances I have dealt with have been in the privacy of my office away from public areas and other peers. I believe it is important to address a situation right away so that students have the opportunity not only to explain their situation but also to correct their behavior before their final evaluation at the end of the month. I also feel that when preceptors talk about their student’s behavior to other preceptors or students, that the preceptor is behaving just as unprofessionally as the student.”
Faculty Spotlight– Heather Holt, Pharm.D. (cont)

10. What assignments that you give out do you feel your students learn the most from?
“My most important assignments are ‘impromptu topic discussions.’ These are topic discussions based on actual patient cases that the student sees that day on rotation. I call it ‘the definition of real case-based learning.’ Students discuss the topic and the patient, and then they make recommendations and often see immediate results. It is a technique that bridges the gap between being a student and a clinician.”

11. What assignments do you give to your students that promote self learning?
“Everything! I give my students guidelines but allow them to pick topics they are interested in for journal clubs and other assignments. I also have a unique way that I administer my final exam. It is an oral case-based evaluation of a patient seen that month by the student on rotation. I call it ‘Applied Therapeutics on steroids.’ The student presents the patient from admission to death or transfer to another unit discussing significant labs, student recommendations, and what guidelines to follow for treatment. The UT students seem to really enjoy the assignment, and I always get positive feedback about this aspect of my rotation.”

12. What advice would you give to a new preceptor?
“Have fun and enjoy your students. Most students can tell whether or not their preceptor is enjoying having them on rotation. It is extremely important to be organized and set out clear expectations for the students, even though that is especially hard to do in the field of critical care. Lastly, it is important to create a learning environment for the student that is not intimidating so that students can be honest about their own limitations and also what they are hoping to get out of the month. I love when students give me good feedback about my rotation and love being a preceptor!”

Useful Links

Blackboard
Access to Experiential Education information
courses.uthsc.edu

E*Value
View Schedule and availability
www.e-value.net
This is the scheduling system for the P3 class of 2012

College Website
pharmacy.uthsc.edu

OEE Requests
oeerequests.uthsc.edu
This email is used for any correspondence for the Office of Experiential Education