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Pharmacy Students Continue to Expand Their Horizons With Involvement On and Off Campus

MIKE HENNESSY JR, PRESIDENT & CEO, MJH LIFE SCIENCES®

EVEN WITH THE DISRUPTIONS TO COLLEGE LIFE that the COVID-19 pandemic has been causing since early 2020, students and faculty have continued to stay involved—on and off campus—and remain on top of the latest trends in the field of pharmacy. Beyond traditional employment paths, there are many fulfilling alternatives that pharmacy students can pursue. Different roles are coming to the forefront for graduates and joining organizations that focus on these options may be greatly beneficial.

In this issue of Pharmacy Careers®, we not only highlight the new paths students are increasingly exploring, but also those students and professors who are making a difference in society.

For instance, at the Washington State University College of Pharmacy and Pharmaceutical Sciences, students have begun educating others on the importance of sexual health. In an article on their efforts, Brook Kotlarz, Kaitlan Belocura, and Kennedy Erickson describe what they have done, including conducting Zoom seminars and surveys and distributing free contraceptives to incoming freshmen.

Pharmacists are also increasingly involved in smoking cessation counseling, and one of our features discusses how Cedarville University’s Andrew Straw, PharmD, and 2 of his students offered training at the school to teach pharmacists how to help smokers overcome nicotine addiction.

Awareness of mental health issues has perhaps never been higher than during the pandemic, particularly among health care professionals. Another of our features, by Zahra Mehrabi at Nova Southeastern University, examines the growth of student involvement in promoting mental health and the benefits of addressing the stigma surrounding it so that young people can seek the help they need.

Our spring Influencers column profiles a number of pharmacy students who have achieved popularity on YouTube. They talk about how they use the platform to inform those who may be looking for extra guidance and to supplement their academic experiences. Personal branding via YouTube can also help students connect with other health care professionals.

Finally, students are looking to expand their professional skills to supplement their clinical knowledge. Ashley Woodyard; Valerie Wasem; and professor Shane Desselle, PhD, RPh, FAPHA, of Touro University California College of Pharmacy, review the most important competencies students should have to succeed as members of collaborative teams.

We hope you enjoy reading these and other stories and gain insight into how the next generation of pharmacists is poised to handle the challenges of a changing society and health care landscape.

Thank you for reading.
Lifelong Skills You Didn’t Learn in School

With additional responsibilities and a wider scope of services comes the need for more effective and efficient delegation.

By TROY TRYGSTAD, PHARMD, PHD, MBA, PHARMACY TIMES® EDITOR IN CHIEF

THE PANDEMIC BRINGS BROAD PHARMACIST AUTHORITIES

As a result of emergency orders written in response to the COVID-19 pandemic, more than 220 million vaccines, millions of tests, and thousands of infusions have been administered during the past several months under the direction of pharmacists. These population-level services have been delivered accurately and punctually—but disproportionately—by pharmacies. Pharmacies have become essential public health infrastructure for pandemic and infectious disease responses. In addition, pharmacists have widely adopted scheduling systems, obtained Clinical Laboratory Improvement Amendment (CLIA) waivers, developed more services, and now are preparing to expand postpandemic delivery of care, such as flu and strep testing and the administration of other vaccines.

WITH NEW SERVICES COME NEW PHARMACY DEMANDS AND PERSONNEL ROLES

The traditional personnel model—pharmacist, technician, and cashier—may have been enough for a product-oriented business but it is not enough for services-oriented ones. Workflows for scheduling patients, identifying gaps in care (such as nonadherence or lack of required therapies), administering medical billing, and adopting clinical documentation are becoming more commonplace and necessary. With those workflows come new roles, responsibilities, and titles, such as medication synchronization coordinator, health coach, practice manager, web presence lead, and referral coordinator. Expecting pharmacists to do all those jobs is not just infeasible, but foolhardy.
DELEGATION AND COORDINATION OF LEAD ROLES

The new generation of pharmacists is entering a workforce that will require training, delegation, and team-building across a variety of roles, and in which subordinate members of staff will often be subject matter experts and have more expertise than their supervisor. The communication, management, and leadership skills needed to take on a CEO-like role, rather than the “follow my lead” approach, will be in high demand. It will also be difficult for pharmacists already in the workforce to gain these skills and adjust their management style after working for many years in what is increasingly becoming an obsolete business model.

LOOK TO BUSINESS SCHOOL AND MANAGEMENT MATERIALS FOR FURTHER SKILL DEVELOPMENT

There are a host of books, articles, podcasts, and social media streams to help pharmacists develop effective management skills. Pharmacists are members, and often leaders, of teams that need someone who can delegate effectively and supervise those individuals who impact the efficiency of the entire care team. You may not be a corporate executive, but that doesn’t mean it’s not important for you to learn and practice solid team-building and management basics.

Here is some advice that I have found useful:

• **If you cannot measure it, you cannot manage it.** Specific, measurable, attainable, relevant, and timely measures bring objectivity and focus to team members and their activities. Team and individual measures are needed to evaluate individual and team performance.

• **Every person is their own person.** We can have common goals and follow the same policies and workflows, but each person brings different training, experiences, and motivations to the job. Maintaining a professional but personable work relationship can support the needs of your pharmacy and will optimize its performance and productivity.

• **It’s OK not to be the smartest person in the room.** As health care professionals we struggle with this idea because we grew up in a competitive educational track where being right all the time was praiseworthy. The truth is, your team needs to do some things better than you do and know things you don’t know, or you will suffer as a team.

• **You must let people struggle and fail so that they can grow.** All biological systems grow as a result of stress. The key for a manager is to assign tasks that allow for growth, but not so many that they will result in injury. Too many stimuli or too much responsibility too soon will lead to failure and a toxic work environment.

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**ABOUT THE AUTHOR**

TROY TRYGSTAD, PHARMD, PHD, MBA, is the executive director of CPESN USA, a clinically integrated network of more than 3500 community pharmacies. He received a PharmD and an MBA from Drake University and a PhD in pharmaceutical outcomes and policy from the University of North Carolina. He recently served on the board of directors of the Pharmacy Quality Alliance and the American Pharmacists Association Foundation.

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ALL THROUGH MY LIFE, I have seen how financial insecurity can affect a person’s future. When coupled with minority status and the low cultural competency of others, such instability can lead to significant disparities for underrepresented populations. I always knew that once I became financially secure in my profession, I would strive to give back to my community. By using my knowledge about health and the networking skills I acquired as a pharmacy student, I have been able to make good on my goal much sooner than I had expected.

Through the Aaron Johnson Scholarship, I have been able to address the needs of underrepresented high school seniors in Broward County, Florida. The award aims to close the academic achievement gap for students who have historically lacked equitable educational opportunities. Established under the George Snow Scholarship Fund, a 501(c)(3) non-profit organization dedicated to helping students reach their career goals through education, the scholarship is bestowed upon students who have been systematically excluded from higher education. Each recipient is awarded $2,500, and all applicants are given professional development services, whether or not they receive a scholarship.

Starting a scholarship was something I had always wanted to do, but the goal became more attainable during my time in pharmacy school. Working with a colleague, I started Hour Invite, a health media platform and podcast that allowed me to engage with influential health care leaders. Meeting them gave me a much-needed perspective on what pharmacy is doing for patients and underrepresented populations and how to maximize the services we offer. These conversations also gave me an in-depth understanding of the progressive work being done in terms of caring for patients and expanding the scope of practice of pharmacists—plus insights into some of the challenges the field is experiencing.

Having gained this knowledge, I felt more confident about starting something of my own to create change locally and through the industry as a whole. After developing the Hour Invite, I started seeking out like-minded individuals who had more experience with philanthropy. These mentors gave me the guidance and the tools to succeed.

Diversity, inclusion, and health equity are areas that, in my view, the field of pharmacy as well as the nation is looking to improve. According to a publication from the National Association of Chain Drug Stores, approximately 9% of people in the United States live within 5 miles of a community pharmacy, and high-risk Medicaid patients visit their local drugstore about 35 times a year. Pharmacists, therefore, are ideally placed to improve the health of patients and understand the social and cultural dynamics of the communities they serve.

A diverse group of pharmacists that is representative of the nation’s population will lead to care that is more inclusive. Hopefully, through my work with pre-pharmacy students and student organizations, I will be able to contribute to a more diverse profession just as I have been able to mentor minority students who want to pursue pharmacy through the scholarship.

Pharmacies are an untapped resource that can drive health equity, diversity, and inclusion and lead to positive outcomes at the local level. By educating pharmacists on the role they can play in helping underserved communities, colleges of pharmacy are essential to providing equal access and quality of care now and in the future.

ABOUT THE AUTHOR
AARON JOHNSON is a fourth-year student at the Nova Southeastern University College of Pharmacy and founder and chairman of the Aaron Johnson Scholarship.
University of the Sciences and Rutgers Pharmacy Schools Go Head-to-Head in New Pharmacy Times® Game Show

Students from the University of the Sciences’ Philadelphia College of Pharmacy triumphed.

By ASHLEY GALLAGHER

At the inaugural Pharmacy Times® “Pharmacy Face-Off”® game show, students from the Philadelphia College of Pharmacy at the University of the Sciences emerged triumphant, with a 70-point lead over the Ernest Mario School of Pharmacy at Rutgers University.

“It is really hard to express my pride in these students,” said Edward Foote, PharmD, FCCP, dean and professor at the Philadelphia College of Pharmacy. “It took a lot of guts [for them] to...put themselves...individually and as a team, in the spotlight in a really challenging environment. I don’t think I could do it, and I certainly wouldn’t have done as well! They, and the students from Rutgers, were consummate professionals. They were thrilled about winning but also expressed humility and were impressed with the Rutgers team.”

The competition consisted of a head-to-head round, a lightning round, and a team round. During the first, a student from each school stepped up to the podium before getting a question from host Maurice Shaw, PharmD, also known as the Sassy Pharmacist. The students then raced to hit a buzzer, and the winner was allowed to respond. A correct answer earned 10 points, whereas an incorrect one deducted 5 points from the team’s total.

Questions in this round touched upon the indications of pembrolizumab, the symptoms of atrial fibrillation, and the average age of menopause for women in the United States. At the conclusion of the round, the teams were tied at 45 points each.

“It was great to network and get to know students from other schools,” Kelly Reitmeyer, a Rutgers PharmD candidate, told Pharmacy Times®. “I have always been a fan of game shows, so I had a lot of fun being a contestant on one.”

During the lightning round, each student approached the podium before being asked 3 clinical questions on topics such as sterile compounding, warfarin indications, and the most common responsibilities of specialty pharmacists. At the end of round 2, Philadelphia was up with 145 points and Rutgers trailed with 115.

In the final round, students were asked questions about the history of pharmacy and the popular culture surrounding the field, and were allowed to collaborate with their teammates to come up with the answers.

“I appreciate the incorporation of pharmacy-related history,” said David Dill, a PharmD candidate from Philadelphia. “That was a component of the competition...I did not expect. However, it is always most fun learning about the rich history of our profession.”

Questions in this round addressed American Pharmacists Month, the actors who have portrayed pharmacists in movies and television, and the founding father who helped establish the first public hospital pharmacy. (Benjamin Franklin, of course.) At this stage in the game, both teams were able to earn—and wager—points on the questions.

“The variety of topics showed...[that while] you might not always know the answer...if you...reach out to colleagues, then a logical path to the answer—if not the actual answer itself—can always be found,” said Cynthia Ly, a PharmD candidate from the Philadelphia College of Pharmacy.

After the final round, Philadelphia had 360 points and Rutgers had 290. The winners received a $100 gift card and their school will be featured in Pharmacy Times®.

To watch “Pharmacy Face-Off”® in its entirety, visit pharmacytimes.com.
FEATURE

EFFECTIVE TRANSITIONS OF CARE (TOC) are essential for high-quality care in all patients with acute or chronic illnesses, but gaps in health care are often found during these transitions, particularly from the inpatient to the outpatient setting.

TOC management refers to the continuation and coordination of patient care from one setting to another, such as from a hospital to the patient’s home. This transition includes changes in health care providers and in patient needs during the course of their illness. TOC aspects that require coordination include patient observation, supervision of prognosis (of acute and chronic illnesses), pharmacological treatment management, lifestyle modification recommendations, and implementation of preventive measures.

At each transition point there is a risk that miscommunication will cause medication errors. Studies have found that as many as 50% of patients recently discharged from the hospital experience some type of medication error. This could be due in part to discrepancies in medication, potential adverse drug reactions, and poor health literacy among patients. Approximately 2 of 3 postdischarge adverse events are related to some form of medication error, and 29% of those resulted in an emergency department visit or a hospital admission.

Hospital readmission is an issue that affects all disease states, including myocardial infarction (MI). It has been estimated that almost 25% of MI admissions are of patients who have previously experienced an MI, with an annual estimated readmission cost of $718 million.

In response to these gaps in health care, initiatives have been developed to aid patient transition from different systems, such as the Door-to-Balloon (D2B) program, which improves the time it takes for a patient experiencing an MI to receive the necessary treatment. Ideally, a patient will undergo a balloon angioplasty less than 90 minutes after initial symptom onset. The success of D2B helped pave the way for other quality improvement programs, including Hospital to Home, Surviving MI, and the Patient Navigator Program.

The Mind Your Meds program focuses primarily on the medication reconciliation aspect of TOC. It uses medication-driven metrics to verify that patients and health care providers are both up-to-date on the most recent medication regimen prescribed for said patient. Similarly, Patient Navigator Program: Focus MI bridges the gap created during TOC and aims to enhance the care and outcome of patients with acute MI and heart failure while lowering the risk of preventable readmissions.

Performance and quality
measures are used as general guides to determine whether patient care is appropriate. Advanced pharmacy practice experience (APPE) students can use these predetermined performance and quality measures to bridge the gap while caring for post-discharge MI patients.

APPE students can help close the TOC gap during hospital rotations and through their work at transitions of care management (TCM) centers. At the hospital, APPE students have access to patient charts and can review all the interventions performed from admission to discharge. At TCM centers, APPE students can read an overview of the patient’s hospitalization and contact the patient for more details.

In addition to reconciling medications and counseling patients, APPE students who work with acute coronary syndrome patients can use programs like the Patient Navigator Program: Focus MI to assess whether the preferred measures were employed with post-MI patients. They can also document the most commonly missed performance and quality measures based on the interventions implemented to improve overall patient outcomes, avoid reimbursement penalties, and reduce hospital readmission rates.

APPE students can also implement the Drug Adherence Work-up tool, which was developed to guide pharmacists and interns to address nonadherence during medication therapy management visits. According to a prospective cohort study, the most common reasons reported for nonadherence were adverse effects (59.1%) and forgetting to take the medication (54.5%).

Finally, student-driven centers at universities, like the Nova Southeastern University College of Pharmacy Accountable Care Organization Research Network, Services, and Education, are ideal venues to implement quality control and outcome programs. In centers like these, students can collaborate with doctors’ offices, access hospital records, and contact patients to provide medication reconciliation and education.

In addition, APPE students have skills to evaluate the patient’s overall hospital stay and discharge to determine whether the program’s set standards were met. One way to achieve this is by giving students preapproved checklists of hospital-specific metrics that can be used to conduct internal performance and quality assessments.

By further assessing performance and quality metrics, APPE students can have an important impact on the fight to improve health care outcomes for patients via proper TOC management.

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ABOUT THE AUTHORS

DARIAN DANIEL is a fourth-year pharmacy student at the Nova Southeastern University College of Pharmacy. While there, she has also obtained her master’s in bioinformatics and master’s in business administration with a concentration in complex health systems.

ANGELICA MARIN is a fourth-year pharmacy student at the Nova Southeastern University College of Pharmacy and works as a medical assistant at Ankle and Foot Specialists in Miami Lakes.

BONY MATHEW is a fourth-year pharmacy student at the Nova Southeastern University College of Pharmacy and has more than 4 years of experience working in the pharmaceutical industry.

ROMINA VALDES is a fourth-year pharmacy student at Nova Southeastern University and works as a pharmacist intern at Publix Pharmacy.

RUBEN ZORRILLA is a fourth-year pharmacy student at Nova Southeastern University and works as a pharmacist intern at West Kendall Baptist.

TRICIA GANGOO-DOOKHAN, PHARMD, obtained her doctor of pharmacy degree from the Nova Southeastern University (NSU) College of Pharmacy and is currently practicing as a clinical assistant professor at the NSU College of Pharmacy.
Opportunities and Ideas to Make a Difference With Pediatric Patients

Educating patients can be especially rewarding with children.

By ESTHER BANKER, PHARMD CANDIDATE

PART OF WHAT PHARMACISTS DO for patients is educate them, and this can be especially rewarding and important when the patients are children. Children account for 22% of the US population,¹ and nearly all of them receive medical care before reaching the age of 18. Pharmacists have a significant opportunity to engage with these patients and have a substantial impact on their use of medications.

When interacting with children, it is important to remember to include the caregiver and address all their concerns. The child’s age also affects how involved they can be in their treatment. Generally, children approximately 5 years of age and older can understand a simple explanation of how the prescribed medicine will help them.² All their questions should be answered, and none should ever be dismissed as silly or unimportant.

In retail pharmacy, it is common for parents to come pick up prescriptions with their children, which means that pharmacists have an opportunity to introduce themselves as a friendly and approachable source of information. For parents of children younger than 8 years, making suggestions about how to disguise the flavor of a medicine to make it easier for the child to take can be very helpful. They should be told, for instance, that keeping a solution in the refrigerator can improve its taste and adding small amounts of grape juice or chocolate syrup to it can mask its flavor, but that they must make sure to add only a small amount of food or liquid to the drug as the child must take the full dose.³

Dosing errors are common in children and are another reason why pharmacists should provide advice on the safe administration of medications. To minimize mistakes, pharmacists can go over the child’s dosing when the prescription is picked up. They can show what the correct amount of a liquid medication is by using a syringe—and emphasize that parents use a safe and approved measuring tool—and, if possible, can also have the child take the first dose at the pharmacy.⁴

In the case of tablets, pharmacists can explain whether these can be crushed and mixed with applesauce or similar food. Likewise, they can help with the dosing of such OTC medication as ibuprofen and acetaminophen, explain what a safe administration frequency is, and specify when children should see a doctor. They should also give parents the number of the Poison Control Hotline (800-222-1222), tell them that it is free and confidential, and encourage them to call if they suspect poisoning or an overdose.

Whenever they dispense medications to adults who live with children, pharmacists should emphasize the importance of keeping medications in a safe, out-of-reach place.
They should take the time to educate toddlers and young children on poison prevention by explaining that they should never touch, taste, or smell unknown substances and always tell an adult about a suspected poison. Look-alike games can also be played: Show children pills and pieces of candy that look alike and ask them to identify which is which. Additional games, resources, and fun facts sheets are available at websites like pillsvscandy.com and poison.org, the National Capital Poison Center website. There are also engaging children’s books—among them Maddie Visits the Pharmacist and Pharmacy and Me—that explain the job a pharmacist does.

Pharmacists working in a pediatric hospital have even more opportunities to address potential dangers because the age of their patients will range from around 36 weeks to 18 years. These institutions are often decorated in bright, cheery colors and have lots of toys available. Being an upbeat and professional presence is important, as is giving clear information to kids and their caregivers and answering any questions they may have.

Pharmacists can also look for alternative ways to give medications and suggest better options to physicians when possible. For example, they can suggest that medications be given in oral, topical, or vapor form whenever possible to limit painful injections and always explain to the child what will happen when they receive a medication.

Those interested in a career in pediatric pharmacy can complete PGY1 and PGY2 pediatric hospital residencies and pursue a certification through the Board of Pharmacy Specialties. There are currently over 1450 board-certified pediatric pharmacy specialists in the US.

Pediatrics is an ever-changing practice that focuses on the youngest patients. People who are passionate about making a difference in the lives of children and helping them when they are ill should learn more about the field. A good first step is to contact a local children’s hospital and ask to be put in touch with a pediatric pharmacist.

Finding a mentor in the field and pursuing a pediatric rotation may also be well worthwhile as are organizing poison prevention classes for young kids and distributing fact sheets with tips for parents on how to best help children take medicine.

Pharmacy interns can also find ways to help children by watching out for them as they enter the drugstore with their parents and beginning a friendly conversation that explains such special services as flavoring options. It is important to point out that pharmacists can answer any medication question they may have.

The more we can empower pediatric patients to understand their disease and feel confident about their treatment, the more we can be certain that we have set them on the path to success and given them the tools and resources to safely manage medications. Along the way, we may even inspire a little future pharmacist.

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ABOUT THE AUTHOR

ESTHER BANKER is a 2024 PharmD candidate at Creighton University and a Jewel Osco pharmacy intern with a strong passion for all things pediatric.
PHARMACY EDUCATION TYPICALLY DEALS WITH SUBJECTS such as pharmacology, medication management, and patient safety. Although knowledge of these topics is vital to the success of students, a more diverse skill set is necessary for them to excel on rotations and in their future careers.

This focus on clinical knowledge may be thought of as a “uni-professional” approach. Although necessary, it can be an impediment to optimal practice when pharmacists are members of a collaborative in which they are expected to work closely with other health care professionals. Beneficial in these settings is the “multiprofessional” approach, with its emphasis on abilities beyond clinical knowledge, that creates effective teams. By strengthening their organizational citizenship behaviors (OCB), students can develop useful skills like leadership, good communication, and self-efficacy.

OCB can be defined as voluntary actions that are not part of a formally defined role and are performed without the expectation of recognition or compensation. In many ways, OCB mirrors the core values of the Oath of a Pharmacist, in which practitioners pledge to devote themselves to a lifetime of service through their profession. Advocating for continual improvement of care, the welfare of humanity, and the advancement of health equity may not be in the formal job description of most pharmacists, but they are behaviors that the best pharmacists exhibit. These OCB virtues can greatly benefit pharmacy students and new graduates.

OCBs can be further broken down into these components: altruism, sportsmanship, consciousnesses, courtesy, and civic virtue, all of which are essential to promoting collegiality while enhancing a group’s or department’s productivity. Civic virtue encompasses the behaviors of an individual who is a reliable participant in an organization. Altruism takes civic virtue a step further. Rather than merely completing the minimum of work, individuals exhibiting altruism take...
the initiative to help others without expecting anything in return. This behavior likely comes from employees who are highly engaged.

Collegiality is the cooperation among colleagues, and sportmanship describes those behaviors that allow people to avoid conflict. Individuals who demonstrate sportmanship maintain a positive attitude even when they don’t get their way and are not upset when their recommendations are not followed. It is essential for budding pharmacists to develop these behaviors in order to engage in effective conflict resolution, which is an important part of working in a team.

Those who exhibit OCBs are also likely to demonstrate higher levels of self-efficacy and personal initiative. In turn, people who have greater self-efficacy feel confident in their ability to perform tasks and contribute to organizational citizenship through their personal initiative. These individuals are more likely to attend voluntary meetings and assist colleagues with work-related problems because they are typically more organized and thus able to accommodate extra tasks. Students and newly graduated pharmacists who demonstrate OCBs will impress preceptors and pharmacy managers with their initiative and positivity.

In addition to greater productivity and better morale, ethical leadership—the modeling of ethical behavior, fair treatment of others, and the putting of ethics into practice—has also been linked to OCBs. A recent study of nurses found that ethical leadership was shown to enhance their trust in management and promote psychological well-being, thereby positively influencing organizational citizenship behaviors. This finding establishes an important link between OCBs and how contagious positivity translates into the health professionals’ work.

The principles of ethical leadership are not unlike the core values taught in pharmacy school, including beneficence, nonmaleficence, autonomy, and justice. Pharmacy students can go beyond classroom learning and incorporate these principles in their lives and in their leadership style when managing support personnel. Practicing these behaviors makes it clear to others that you are a reliable and valued member of the team who can be looked upon as a role model. In addition, other team members are likely to follow suit and model your behavior.

Pharmacy students can demonstrate ethical leadership by being open to change and by adapting practices to best fit a given situation. They can also adopt a collegial stance during conflict resolution by considering the opinions of everyone involved and being compassionate and fair as they seek a solution.

Applying altruism, sportmanship, consciousnesses, courtesy, and civic virtue in the workplace can foster interprofessional communication and help students and newly graduated pharmacists further their careers. OCBs create a win-win for students and graduates, their colleagues, supervisors, organization, profession, and the patients they serve.

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ABOUT THE AUTHORS
ASHLEY WOODYARD and VALERIE WASEM are pharmacy students at the Touro University California College of Pharmacy in Vallejo, California.

SHANE P. DESSELLE, PHD, RPH, FAPHA is a professor of social and behavioral pharmacy at the Touro University California College of Pharmacy in Vallejo, California.
After I first learned about smoking cessation during the respiratory module of Professor Andrew Straw’s class at the Cedarville University School of Pharmacy, I became more aware of patient interest in nicotine replacements at my retail pharmacy and began identifying prescriptions that were suboptimal. Although I learned a great deal in the class, I still wondered how patients could have better, easier access to this type of care. I never envisioned that soon I would be involved in a project that would have a statewide impact or that my efforts would bear tangible results.

This opportunity has come while pursuing my PharmD degree in Ohio, where I have been working at the Center for Pharmacy Innovation and Outcomes at the Cedarville University School of Pharmacy. A few years ago, The Ohio Pharmacist’s Association (OPA) approached the center about developing a smoking cessation training program for pharmacists, and we jumped at the chance to support them. Led by Myriam Shaw Ojeda, PharmD, administrator of an OPA grant from the Ohio Department of Health, we were tasked with helping the association via research, data collection, advertising, and the creation of educational materials.

With few data on the subject, there were many questions we had to answer: How often do pharmacists offer tobacco cessation services? How well does the profession as a whole do in terms of cessation rates? How have pharmacies used collaborative practice agreements in this area? With these questions as a starting point, a classmate and I began to search the literature and create standardized surveys for distribution to community pharmacists across Ohio.

Soon, the pieces began to fall into place. The surgeon general’s 2020 update on smoking cessation provided excellent guidance. Studies gave us datasets from programs that offered pharmacists payment-based incentives and showed that the impact of pharmacists on cessation rates was similar to that of other professionals. Our survey determined that most
Ohio pharmacies sought out patients and provided a full range of care, from product selection to counseling about medication and quitting.

In addition, a portion of our OPA grant was set aside to create educational modules for pharmacists on this topic. The Cedarville pharmacy faculty developed a training program on smoking cessation that is now available on the website of the Ohio Pharmacists’ Association. This 3-part series was aimed specifically at community pharmacists and focuses on the essentials of a cessation plan, a review of pharmacologic cessation agents, and an overview of practical implementation strategies. To build awareness of this resource, the team created informational materials, media content, and various types of advertising.

For the most part, the projects that health care professionals pursue do not exist in isolation. At every step, our efforts are informed and leveraged with a bigger goal in mind: taking better care of patients and advocating for the profession. This project was no different; it went on to impact the role of pharmacists at the state level and was cited as evidence in favor of increasing Ohio’s budget to promote higher smoking cessation rates. Little by little, the road toward state and federal recognition as providers is being paved through the diligent work of pharmacists caring for and seeking to care for patients in new ways. Data are essential to advocacy, but so is providing excellent care, looking to improve, and not accepting arbitrary obstacles that impede our ability to serve patients. What we end up doing may not look like conventional pharmacy work, but every small interaction we have with the community has an even bigger impact on our patients.

The opportunities I have encountered during my time as a graduate student have served as a launchpad to my career. For many, a project like the one with OPA may sound far off, too good to be true, or perhaps even daunting. Maybe you find yourself a victim of imposter syndrome, always worried that you don’t know enough, need more training, or must watch someone else do it first before you feel qualified. What a wonderful challenge to overcome! The work must start somewhere, and assuming you possess basic pharmacy skills, there are conventional and unconventional roles you can pursue if you develop personal skills and talents beyond the clinical ones.

Think of an unanswered question you had from a rotation or ask your faculty about behind-the-scenes efforts going on at your school. Is there something—large or small—you can help with? It just might be the beginning of something that ends up having a great impact.

**REFERENCES**


**ABOUT THE AUTHORS**

**MATT MERICAL** is a fourth-year pharmacy student at Cedarville University School of Pharmacy.

**ANDREW STRAW, PHARMD, BCADM**, is an associate professor of pharmacy practice and vice chair at Cedarville University.
Q: What is the CDC Advisory Committee on Immunization Practices (ACIP) and why is it important to pharmacists?  
Michael Hogue, PharmD: ACIP is a panel of experts that reviews the evidence and provides advice and third-party assessment of data regarding immunizations and vaccines of all types. Any vaccine approved by the FDA is reviewed for clinical use recommendations by ACIP. Its members are not CDC employees, but truly independent advisors, and I think that provides great value and assurance that there’s an emphasis on true clinical outcomes and quality.

Q: What does it mean to be the American Pharmacists Association (APhA) liaison representative to ACIP, and what are your responsibilities in this role?  
A: For a little bit of context, ACIP is made up of 15 voting members and about 45 nonvoting liaison members. Out of the 60 people involved, there’s only 1 pharmacist. As everybody knows, pharmacists have really taken on quite a vital role in the provision of vaccines in our nation, and particularly in adult and adolescent patients. So, it’s really important that we have a voice as a profession. And for the past 21 years, we’ve had that voice through APhA and its appointee. When Steve Foster, PharmD, FAPhA, recently announced his retirement and stepped down from the committee, I was asked to take his place. So, it’s definitely an important role for the profession to have.

Q: Why is it important to have pharmacists represented on this committee?  
A: If we look at just the past 2 years, 70% of COVID-19 vaccines were administered in pharmacies. Currently, over 50% of flu vaccines are administered in pharmacies. And when you consider other adult vaccines (for pneumonia, tetanus, HPV, etc), pharmacists are giving an increasing number of the vaccine doses, particularly to adult and adolescent patients. Pharmacists are giving some vaccines to children, but that’s a pretty small number overall. The reality is that pharmacists certainly have clinical expertise that needs to be taken into account. And then there are many practical considerations. The recommendations that come from ACIP are based on clinical evidence, but they also take into consideration the practical matters of implementation. And that has to be thought through very carefully. Having a pharmacist at the table makes a huge difference, particularly as it relates to the practicality of ACIP recommendations.

Q: You’ve also served on the ACIP COVID-19 Vaccine Workgroup. What is that and how has it informed your work as APhA liaison representative?  
A: The workgroups at ACIP are pretty intense. In April of 2020, shortly after the pandemic was declared, we knew that there would be vaccines under development. So, the CDC appointed a workgroup for COVID-19, and I was asked to serve on it. The workgroup meets every week, sometimes twice a week. That’s at least 2 hours a week, sometimes 4, and when there’s an ACIP meeting, it can be 12 or 15 hours of meetings per week. The workgroup reviews the data that is becoming available globally about COVID-19 vaccines. We review data that are not publicly available, some that have not yet been published, but we look at everything that’s out there, every single piece of data that is available, whether it’s a small trial, a hospital-based trial, clinical trial, anything at all. It’s out there and it helps us inform [decisions] and we review the safety data in real time. We really look at the safety data very closely. So, the workgroup really keeps us abreast of what’s happening with this particular vaccine. For all other vaccines in the ACIP schedule, there are workgroups as well. Clearly, the COVID-19 workgroup has met with some level of intensity, and the workload has been much greater than perhaps that of other workgroups. I’m hoping in the future we’ll reach a state of normalcy and not have quite as many meetings. But it’s been a lot of work. It’s been really intense.

Q: What are some recent changes about vaccines that pharmacy students should be aware of?  
A: Everything with vaccines has been so hyperfocused on COVID-19 for the past few years that pharmacy students have probably heard almost too much about COVID vaccines, to the exclusion of everything else. There are 2 major changes that I think pharmacy students need to have on their radar.
One is related to pneumococcal vaccines. We have 2 new conjugate pneumococcal vaccines that are completely changing the landscape—not just in adult populations, but even in pediatrics. So, we have a new 15-valent conjugate vaccine and a new 20-valent conjugate vaccine. If students have not read up on the newest recommendations related to the use of those vaccines and the clinical concerns, that would be my number 1 reading assignment for pharmacy students.

Number 2 would be hepatitis vaccines, since we now have broad-based recommendations for utilizing hepatitis B vaccines in all adult patients. And this really stems from the fact that despite our best efforts to target high-risk or at-risk individuals for hepatitis B, for the past 20 years, we’ve really done no good. We’ve made no impact on the death rate for hepatitis B in the United States. By using an age-based approach and immunizing all adults, rather than those who are high risk, perhaps we might be able to get our death rate down. About 5000 people a year die from hepatitis B in the United States, and it’s been that way for 20 or 30 years. So hopefully, this new strategy will make a difference. Those are 2 big changes pharmacy students should be aware of.

Q: With so much changing around vaccines in the past couple of years—even in terms of logistics, with technicians being able to vaccinate—how are pharmacy students learning and thinking about these shifts?
A: Pharmacy students are realizing that, in most states, pharmacy interns are licensed by their board of pharmacy as an intern. And a pharmacy intern can do anything that a pharmacist can do, as long as they’re under the supervision of a pharmacist. One of the things that pharmacy students have to think about is the activities that a pharmacist really needs to be doing in a practice. Especially community pharmacy practice, but any practice. And what tasks are they performing that could be delegated to a technician? So, in the area of vaccines, now that the pandemic is kind of coming to an end and we’re coming into an endemic period for COVID-19, I would hope that we would be able to do more comprehensive assessments of vaccination needs for patients. Pharmacy technicians are not trained to do that, but pharmacists are. Pharmacy technicians get trained now to do injections and to actually administer the vaccines. So, think carefully about your workflow, wherever you’re practicing as a pharmacy student or doing your internship. Think carefully about what you’re doing in that practice that really requires you and your decision-making capacity as a pharmacist. And then think about those things you could designate to the technician. And giving shots is not really that complicated. It’s pretty straightforward, and pharmacy techs can do that for us. And let’s do the things that require clinical decision-making skills so that we have time to do all the things we need to do in a busy pharmacy. So that’s what I would really challenge pharmacy students to do, to be observant.

Q: Where do you see the future role of pharmacists in terms of vaccination efforts?
A: I think what’s underfoot right now is an extension of the authorities provided under the federal [Public Readiness and Emergency Preparedness] Act. And essentially, during a declared emergency pharmacists were given prescriptive authority, regardless of what state law might have said, and were allowed to prescribe vaccines across the entire lifespan. I know several states have now introduced legislation, and some have already passed legislation, that will now allow pharmacists to prescribe vaccines. I just saw, for example, a copy of the of the law that the state of Alabama has introduced that will allow pharmacists to prescribe vaccines all the way down to age 3. So, there are lots of great opportunities in that removal of barriers.

I think pharmacists are going to have to get much more familiar with immunization registries than we have been in the past. We’ve been a little more passive with those. We probably need chain pharmacy organizations to give pharmacists the ability to review patients’ immunization records through the registry, and we need those records to prepopulate into dispensing records. So, there are some technology fixes that need to happen in order for pharmacists to have more ability to do immunization assessments in keeping with the National Vaccine Advisory Committee or any standards for vaccinations, but this is an area where pharmacists can make a huge impact on public health by being a more easily accessible resource for this life-saving intervention.

Q: Finally, as the second pharmacist to serve on ACIP, what does it mean to you?
A: It’s really kind of a culmination of career-long work in immunization. I did my residency training with APhA in Washington, DC, back in the mid-1990s, as APhA was just beginning its work on immunizations. I was assigned to work with Colonel John Rubinstein, then with the US Army, and with Bill Atkinson, MD, who was with the CDC at the time, a physician in charge of the immunization branch. And the 3 of us—together with Mitch Ross Holtz and a whole group of talented individuals at APhA—launched what became the Pharmacy-Based Immunization Initiative, including advocacy with all 50 states, to get the authorities passed as well as the training for pharmacists.

So, I’ve been engaged with vaccines and immunizations since the mid-1990s. That’s a long time, and it’s kind of nice at this point to have been so closely connected with this world of vaccines. And I’ve worked on a number of initiatives with the CDC in the past as well. It’s gratifying to be in this position and be a part of the bigger conversation. So, I’m grateful to APhA for the opportunity to serve, and I’m passionate about our profession and our profession’s involvement in vaccines. It’s rewarding.
Top 10 Financial Tips for Pharmacy Students

Making a budget and developing smart financial goals are 2 of the essential steps to financial wellness.

By TIM ULBRICH, PHARMD

ON AVERAGE, PHARMACISTS TODAY are graduating with more than $170,000 in student loan debt.1 Figuring out how to tackle that debt, on top of other financial priorities like making a down payment on a home or planning for retirement, is not easy. Most pharmacy schools don’t teach personal finance, so it’s up to you to set yourself up for success by taking control of your money while you’re still a student.

Here are 10 tips to help you get started.

1. CREATE A BUDGET
When you hear the word budget, what comes to mind? Eating ramen, living frugally, shopping at thrift stores? Although none of these are bad practices (and could certainly help you save), making a budget simply means creating a game plan for your money. A budget helps you prepare for expenses in advance, allowing you to direct your disposable income (the money left over after paying the bills) toward financial goals.

Developing a budget as a student is key to avoiding overspending and will help you minimize debt. Your Financial Pharmacist offers a free and simple budgeting template. After setting up your budget, consider using an app like Mint or EveryDollar to track your monthly progress.

2. DEVELOP SOLID FINANCIAL GOALS
Even though you might not be making a lot of money as a student, consider having specific, measurable, and timely financial goals for savings, net worth, and debt payoff. Here is a basic framework you can use for goal setting: By <date>, I want to <financial goal> so that <why you want to achieve it>. To accomplish this, I will <steps you will take to make the goal a reality>.

3. SET UP AN EMERGENCY FUND
Emergencies and unexpected expenses can come up anytime and quickly derail your financial plan, unless you have an emergency fund. A general guideline is to have 3 to 6 months’ worth of expenses saved in an emergency account, but saving that much can be a challenge for students. Choose an amount you’re comfortable with so that you won’t have to rely on a credit card to bail you out if an unforeseen expense crops up.

4. MINIMIZE CREDIT CARD DEBT
Credit card debt is often the result of overspending or paying for unexpected expenses. Setting up a budget and contributing to an emergency fund may help prevent you from slipping into credit card debt. If you do have it, try to eliminate it as soon as possible and find a strategy that will help you avoid it in the future.
5. CALCULATE AND TRACK YOUR NET WORTH
Calculating and tracking your net worth is a quick way to analyze your financial health. Your net worth is your assets (things you own) minus your liabilities (debt you owe). Thanks to student loans, this is probably going to be a large negative number for a pharmacy student, but don’t let that discourage you! Remember, the trajectory of your net worth is more important than its current amount.

6. DEVELOP A STUDENT LOAN PAYOFF STRATEGY
Considering that most new graduates have well beyond $100,000 in student loan debt, it is important to have a solid repayment strategy in place. Start by reviewing the federal and private loans you have to see what your current balance is and what it is likely to be upon graduation. Become familiar with loan repayment options like public service loan forgiveness, refinancing, and other repayment plans, so you can be a step ahead when you graduate.

7. START EDUCATING YOURSELF
You don’t need a master’s degree in finance to be successful with money, but it’s important to have a strong foundation that will help you make smart financial decisions and develop good money habits. If you’re interested in resources created for pharmacists, check out Your Financial Pharmacist’s book (Seven Figure Pharmacist: How to Maximize Your Income, Eliminate Debt, and Create Wealth), website, and podcast.

8. CONSIDER A SIDE HUSTLE
Side hustles are ways to make extra cash beyond a full-time job, which, for pharmacy students, is most likely just school. But you can turn your skills or personal interests and hobbies into an income stream to reach your financial goals faster.

9. START INVESTING IN YOUR COMPANY’S 401(K), 403(B), OR THRIFT SAVINGS PLAN
When you’re mired in student loans and other debt, it can be hard to pursue investing, and you may feel that you can put off retirement savings for a few years. The reality, however, is that you should take advantage of compound interest, and the earlier you start saving, the better.

Those working as pharmacy interns probably have the option to contribute to an employer-sponsored retirement plan. If the company offers a matching contribution, it is giving you free money. For most people, qualifying for the company match is the best option, even while paying off student loans. How much you save beyond the minimum requirement depends on your financial goals.

10. SET UP SYSTEMS TO AVOID LIFESTYLE CREEP
Lifestyle creep can happen even if you’re a student who is not making the salary of a typical pharmacist. It is important not to fall into the comparison game with your peers. Spending money on vacations, on decking our your apartment, or on a lot of clothes for interviews and conferences can cause you to accrue more debt.

TAKE STEPS TO PREPARE YOURSELF FINANCIALLY
There are many steps you can take as a student to prepare yourself financially. For more tips, resources, and information, visit Your Financial Pharmacist.

REFERENCE

ABOUT THE AUTHOR
TIM ULBRICH, PHARM.D., is the CEO and cofounder of Your Financial Pharmacist. Since 2015, the company has been on a mission to help pharmacists achieve financial freedom through fee-only comprehensive online financial planning services, 3 weekly podcasts, books, webinars, and numerous other resources.

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Pharmacists Play an Essential Role in Patients’ Access to Contraception

Legislation allowing pharmacists to prescribe contraceptives is becoming more widespread.

By ADRIENNE MICHELET, PHARMD CANDIDATE

UNTIL RECENTLY, A PHARMACIST’S RESPONSIBILITIES were almost exclusively confined to counting pills, attaching a label to the prescription bottle, and handing out the medication. At most, they would counsel patients whose prescriptions were somewhat complicated.

However, as health care in the United States has advanced, pharmacists have gained a more active role. Some of their new responsibilities include providing comprehensive medication reviews to patients, conducting research, and administering vaccinations.

Idaho is the most progressive jurisdiction in the United States in terms of the scope of a pharmacist’s practice. Practitioners in the state can prescribe lower-risk drugs like contraceptives so long as the circumstances and the agents in question fall within the parameters set by the Idaho legislature.¹ And other states have been following suit.

In New Jersey, for instance, Assembly Bill A5810 was passed by the Senate in June of 2021 and referred to the Assembly Health Committee. This bill would permit pharmacists to dispense self-administered oral contraceptives under a standing order and in accordance with the protocols of New Jersey’s Board of Pharmacy and Board of Medical Examiners.² If enacted, the bill would require pharmacists to go through a training program provided by the boards, and women would have to take a self-screening test before receiving the contraceptives.² If, after the self-screening the pharmacist decides the medication is inappropriate for the patient, he or she would be able to refer the woman to her primary care physician.

Currently, 15 states allow pharmacists to prescribe oral
Access to birth control greatly improves women’s quality of life.

contraceptives. The extent of their authority in this matter (the type of contraceptive and the circumstances under which they can provide it) varies by state. In addition to expanding pharmacists’ roles, the passage of more such laws could allow access to birth control for a great many women, including the estimated 435,000 women aged 13 to 44 in New Jersey who are in need of publicly funded contraceptive services and supplies.

Research also shows that access to birth control greatly improves women’s quality of life. Such access has significantly increased the number of women who enroll in and graduate from college. These women also have the option to delay childbirth and invest in themselves by pursuing a career. This is not only liberating for women but can also help the economy by increasing the number of employed people. In the 1970s, women began to make up a larger percentage of the workforce, especially in fields like medicine and law, and some of this increase can be attributed to the greater access to oral contraceptives they had at the time.

Unintended pregnancies are higher in the United States than in other developed countries, and this problem disproportionately affects low-income women. Although as currently written New Jersey’s A5810 bill would not decrease the cost of coverage of contraceptives, it would save patients a trip to the doctor’s and its attendant costs. It would also make it significantly easier for those in rural areas and lower socioeconomic groups to obtain contraceptives because they can visit their local pharmacy far more easily than the nearest physician’s office. Patients would also experience shorter wait times, and their health care would be more cost-effective.

There are numerous benefits to making contraceptives more accessible, but it does not come without risks. Primarily, easier access to birth control could increase the incidence of certain adverse effects associated with them, including blood clots and depression. Pharmacists would have to be vigilant about counseling patients regarding the risks as well as benefits. As with most prescriptions, pharmacists would also need to monitor potential interaction among all the patients’ medications. Given the heavier workload that community pharmacists have experienced since the start of the COVID-19 pandemic, some might feel overwhelmed by the prospect of yet another responsibility, and quality of care could suffer as a result.

However, legislation like A5810 could also have a positive impact on pharmacy students. New positions—specifically to prescribe oral contraceptives—could become available for pharmacists at publicly funded institutions like Planned Parenthood. Pharmacists would be required to undergo additional training, but as the practice becomes more mainstream, pharmacy schools may begin to offer this training as part of the curriculum. Overall, allowing pharmacists to prescribe these medications will be beneficial not only for women but for society as a whole, and it may also allow pharmacy students to grow in an area that had previously been confined to just one brief lecture during their academic years.

REFERENCES

ABOUT THE AUTHOR
ADRIENNE MICHELET is a P3 student at the Ernest Mario School of Pharmacy at Rutgers University.
Lessons Learned on Instagram

By DAVID DENT, PHARMD CANDIDATE

IN 2019, an article in the Journal of the American College of Clinical Pharmacy encouraged pharmacists to engage professionally on social media, despite their having mostly avoided it for such purposes.¹ The article piqued my interest because it appeared a year after I created my pharmacy podcast, OVERxDOSE (pronounced “overdose”), and just after I had launched a corresponding Instagram account (@overxdose).²

Today, most pharmacy students still use LinkedIn, Facebook, and YouTube for professional development and networking.¹ However, there are many benefits—as well as risks—they should take into account when considering Instagram for career purposes.

THE GOOD

1. Networking
One of the main benefits Instagram offers is more networking opportunities. Thanks to my account, I was able to connect with pharmacists around the country during the COVID-19 pandemic without ever meeting them in person at a conference or other event.

When I first ventured into the platform, I followed popular accounts like @rx.radio and @corconsultrx. By messaging the owners directly and asking for podcasting advice, I formed strong mentorship connections, and their guidance increased my social media success.

In addition, creating my own content and interacting frequently with others meant that Instagram’s search algorithm began to do the networking for me. As more accounts emerge, the platform continues to suggest new accounts for me to follow, so I can effortlessly expand my professional network.

2. Supplementing Classroom Learning
A meta-analysis conducted in 2015 found that Facebook was the only social media site being used as an educational tool in pharmacy.⁴ However, by 2021 it was common for other health care professionals to use Instagram to augment coursework, with quiz-style practice questions being the most popular content among followers.⁵,⁶ I noticed a similar trend when I published multiple-choice questions on my account (see FIGURE) to improve me and my classmates’ understanding of the material and prepare us for the exam.

3. Staying Up-to-Date on Technology
With online news consumption in the United States at an all-time high, more people are favoring platforms they can access on mobile devices over those on desktop computers. While scrolling through the news on their phones, people are more likely to switch to social media: they spend approximately 89% of their time on the device on social media, which makes it the quickest way to reach a targeted audience.⁷,⁸

By following accounts on Instagram, I learned about emerging technology and innovations that were revolutionizing the practice of pharmacy, like telehealth advances, the digitization of medication, the development of the automatic pill dispenser, and the latest in drug information.

4. Pursuing Creativity and a Professional Identity
Social media also gives professionals an outlet for creative expression and for constructing an identity.¹⁰ Pharmacy students are expected to develop their professional selves as they progress through school and beyond. Instagram, which allows me to pursue my interest in storytelling, humor, and pharmacy all at once, has been my creative outlet. Through it, I can not only connect with others who share my passions, but I can also be an example of professional development for future pharmacists still working to find their own voice.

THE BAD

1. Unprofessionalism
Unprofessional postings have had many negative consequences, from a warning to an expulsion from school and even a termination of employment.¹¹ Studies have shown that medical students tend to post more unprofessional content and watch unprofessional content from peers more frequently than do faculty members.¹²,¹³
My first posts were pharmacy memes that some peers considered unprofessional. But by being open to constructive criticism from fellow students and the dean’s office, I quickly learned from my mistakes and adapted my posts to reflect the image and message I wanted to convey. A big risk of social media is publicity, but that is also its great strength.

Student pharmacists should be aware of the risks and balance them by taking the opportunity Instagram offers to be a voice for the profession and portray themselves as they want employers and patients to view them. In my opinion, the answer is not to be silent but to be purposeful on social media.

2. Distraction
It has been observed that the academic performance of pharmacy students correlates with how well they manage their time, and students have reported that their phones can be a distraction that is detrimental to their academic performance. Often, a quick break from studying to create content or scroll through my feed can turn into hours away from the books, making me less prepared for exams. Pharmacy students must find a balance, but this is true for all creative outlets.

3. Depressive Symptoms
Following strangers on social media can also lead to comparisons that can negatively impact the follower’s well-being. Research has shown that an increased use of Instagram is associated with more depressive symptoms. By following successful pharmacists, I myself have found that my well-being suffers when I compare their considerable accomplishments to my own. As I got to know other pharmacists better and they no longer felt like strangers, I noticed that my mental health improved.

INSTAGRAM PEARLS
1. Follow Others for Ideas
Pharmacy students who want to create an Instagram account don’t have to reinvent the wheel. Viewing those featured on popular reposters like @pharmacistsofig, @talktoyerpharmacist, @pharmacistsincharge is a great starting point (see TABLE).

2. Pause Before Posting
Before publishing, students should read their school’s social media and professionalism policies and consider how their content might be viewed by an employer. If there is even a slight chance that the content violates a policy or could be viewed as unprofessional, it is best not to post it. On social media, nothing is truly anonymous, and people remain accountable for their posts.

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TABLE. Recommended Instagram Accounts for Student Pharmacists

<table>
<thead>
<tr>
<th>Instagram accounts</th>
<th>Description</th>
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<tbody>
<tr>
<td>@rxkeyslides</td>
<td>Helpful medication infographics and reviews</td>
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<tr>
<td>@ambcarerx</td>
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<tr>
<td>@corconsultrx</td>
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<td>@pharmafactz</td>
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<tr>
<td>@pyrls.app</td>
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<tr>
<td>@shelbyppharmd</td>
<td>Pharmacy residents sharing their experiences and specialties</td>
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<tr>
<td>@erinsmays_pharmd</td>
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<tr>
<td>@pharm.done</td>
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<tr>
<td>@druzannnesoliman</td>
<td>Pharmacists discussing public health, debunking vaccines and drug myths, and offering work experience and mentorship advice</td>
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<tr>
<td>@thepublichealthpharmacist</td>
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<tr>
<td>@vaxitaxi @chazthepharmd</td>
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<td>@vtheopharmd</td>
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<td>@rxmentor</td>
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<tr>
<td>@apothecademy</td>
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<tr>
<td>@theluxepharmacist</td>
<td>Pharmacists sharing pharmacy, lifestyle, and travel content</td>
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<tr>
<td>@doseotravel</td>
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<tr>
<td>@callanbleick</td>
<td>Pharmacy students sharing tips, study advice, and their pharmacy journey</td>
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<tr>
<td>@pharmdtobe2023</td>
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<tr>
<td>@ruuds_inthepharmacy</td>
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<tr>
<td>@camilleschrier</td>
<td></td>
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<tr>
<td>@pharmstudent_chronicles</td>
<td></td>
</tr>
<tr>
<td>@rxradio.fm @theadtraumacist</td>
<td>Relatable pharmacy memes, non-traditional pharmacy careers, and pharmacy news.</td>
</tr>
<tr>
<td>@whatishpharmacy</td>
<td></td>
</tr>
<tr>
<td>@theunassumingpharmacist</td>
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</table>

3. Use Templates
Using free software like Canva, students can create or choose templates and schedule their posts. Consistently employing the same template and scheduling posts can save time and make for a more professional account.

As new social media platforms are created and more research is conducted on the subject, I hope pharmacy schools, pharmacists, and pharmacy students begin to view Instagram as a valuable tool that expands opportunities within the pharmacy profession.

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ABOUT THE AUTHOR
DAVID DENT is a PharmD Candidate 2022 at Virginia Commonwealth University.

FOR REFERENCES, GO TO PHARMACYTIMES.COM/PUBLICATIONS
Learning in Lockdown: Adapting a Reproductive Health Campaign for Pandemic Life

Although COVID-19 paused our original plans, we were ultimately able to reach more people than we ever could have via in-person presentations alone.

By BROOK KOTLARZ, KAITLAN BELOCURA, KENNEDY ERICKSON, PHARMD CANDIDATES

INSPIRED TO SERVE
Sexual health education continues to be a sensitive subject for many people in the United States. As a result, curriculum standards remain ambiguous nationwide. In our first semester at the Washington State University (WSU) College of Pharmacy and Pharmaceutical Sciences, we learned about the indications, mechanisms of action, and adverse effects of medications used for reproductive health. Unfortunately, for many students the information was completely new.

While talking after class one day, the 3 of us discovered that we shared a passion for education about sexual health and were eager to learn more about the topic as prospective pharmacists. Our interest increased when the Washington State Legislature passed Senate Bill 5395 requiring all public schools to provide comprehensive sexual health education beginning in 2022, with the aim of standardizing such education statewide. This decision was very controversial in many areas of the state.

As members of WSU’s chapter of the Washington State Pharmacy Association (WSPA), we decided in early 2020 to establish the Pharmacists for Reproductive Education and Sexual Health (PhRESH) subcommittee to tackle misinformation about reproductive and sexual health. The program had been created by friends of ours at the University of Washington, who helped us adapt it to the needs of Spokane residents. The goal of PhRESH was to promote safe, accessible, and accurate information so that individuals could make informed decisions about what is best for them and their reproductive and sexual health.

During the past 2 years, our subcommittee has given presentations primarily on emergency contraception and how to access it. According to peer and community feedback, this information was of great interest. However, all topics pertaining to reproductive health are of interest to the subcommittee, and we are always looking for ways to expand our outreach.

ADAPTING TO A NEW WAY OF LIFE
After piloting our first poster presentation in February 2020, we presented at Spokane community colleges for the remainder of the semester. Unfortunately, in-person events were canceled because of COVID-19. Although this was disheartening, we were still excited about our presentations and worked to adapt them to a virtual setting.

During the fall 2020 and spring 2021 semesters, we revamped and reformatted our poster into a PowerPoint presentation, which allowed us to add far more information. We kept the presentations engaging by using trivia games and encouraging questions from and discussion among participants.

Using Zoom, we were able to reach audiences at universities and sororities throughout Eastern Washington. One of our largest presentations, which drew more than 300 attendees, was given at a sorority. Because it was informative and interactive, the presentation counted toward the educational credit required for the Panhellenic Educational Programming, which was excellent advertising for the event.

We also created a video for our Facebook followers. Fellow pharmacy student Kellyan Nguyen helped us share it with organizations like the YWCA and Planned Parenthood, including its Raíz program for the Latino community, and we were able to do so because Jolyslene Robles Mendoza and Karina Méndez, also fellow students, translated everything into Spanish. The video explained how to access emergency and long-term contraceptives and where to find follow-up care depending on city of residence. Although COVID-19 paused our original plans, we were ultimately able to reach more people than we ever could have via in-person presentations alone.

A NEW INITIATIVE
Because we wanted to know how useful our efforts had
been, we developed surveys for participants to take before and after the presentations about navigating insurance, co-pay coupons, and other financial resources. At most retail pharmacies, a single emergency contraceptive tablet costs between $30 and $50, which is quite expensive for college students on a budget. Many attendees from the WSU Pullman campus reported that the cost of OTC emergency contraceptives constituted a financial barrier for them, so we started a fundraiser on the WSU crowdfunding platform CougStarter to raise money for a contraception drive. Thanks to the generosity of alumni, students, and faculty, we collected $1265 for emergency contraceptives and educational pamphlets for Pullman students. We were also able to purchase generic emergency contraceptives at a discounted price through an advocacy group. To further defray the cost, we hosted our first emergency contraceptive drive on August 17, 2021, with the money raised through CougStarter.

In less than 3 hours during Welcome Week, we distributed more than 140 complimentary emergency contraceptives with a retail value of over $400. The packages were in small gift bags that also included candy as well as pamphlets in English and Spanish about resources at Pullman. Many students were surprised and thankful for the free “Plan B.”

REFLECTING ON OUR IMPACT
During the 10 presentations we gave over the past 2 years, we collected survey data from 515 participants to assess their confidence about being able to choose an appropriate emergency contraceptive, access financial resources, and find a place to buy these contraceptives. The results appear in the online table.

With the help of our project advisor, Jennifer Miller, PharmD, we were able to investigate our impact and discovered a statistically significant increase in self-reported knowledge and confidence across all presentations (TABLE).

To share this project and its positive impact on our community, we presented a poster during the annual meeting of the Washington

### TABLE. Prepresentation and Postpresentation Survey Results With Significance

<table>
<thead>
<tr>
<th>Survey</th>
<th>Strongly Agree % (No.)</th>
<th>Agree % (No.)</th>
<th>Neutral % (No.)</th>
<th>Disagree % (No.)</th>
<th>Strongly Disagree % (No.)</th>
<th>Omit % (No.)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>8.5 (21)</td>
<td>23.4 (58)</td>
<td>28.2 (70)</td>
<td>22.6 (56)</td>
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<tr>
<td>Post</td>
<td>77.6 (132)</td>
<td>15.9 (27)</td>
<td>3.5 (6)</td>
<td>0 (0)</td>
<td>2.9 (5)</td>
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<tr>
<td>Pre</td>
<td>18.1 (45)</td>
<td>36.3 (90)</td>
<td>20.2 (50)</td>
<td>14.9 (37)</td>
<td>10.1 (25)</td>
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<tr>
<td>Post</td>
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<td>11.8 (20)</td>
<td>2.4 (4)</td>
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</tr>
<tr>
<td>Pre</td>
<td>16.5 (41)</td>
<td>36.7 (91)</td>
<td>24.6 (61)</td>
<td>14.1 (35)</td>
<td>8.1 (20)</td>
<td>0%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Post</td>
<td>76.5 (130)</td>
<td>12.9 (22)</td>
<td>6.5 (11)</td>
<td>0.6 (1)</td>
<td>3.5 (6)</td>
<td>0%</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
State Pharmacy Association on October 29, 2021. Pharmacists, student pharmacists, and technicians who saw it were very interested in helping to make contraceptives more accessible at their own practice and schools.

NEXT STEPS
When we looked at statistics from Washington State, we found that Yakima County has one of the highest percentages of unintended pregnancies, especially amongst the Hispanic population.1 Ideally, we would like to get more student pharmacists involved with PhRESH and host a second emergency contraception drive at WSU’s Yakima campus. By collaborating with fellow students there and using the Spanish-language resources created by Jolyslene and Karina, we hope to extend our reach and continue to dismantle barriers to reproductive care in Washington. ■

REFERENCE

ABOUT THE AUTHORS
BROOK KOTLARZ, KAITLAN BELOCURA, and KENNEDY ERICKSON are third-year student pharmacists at Washington State University College of Pharmacy and Pharmaceutical Sciences.
Idaho State University, University of Alaska Collaborate to Form First Pharmacy Program in Alaska

Students in the ISU/UAA pharmacy program discuss the impact of Alaska’s first pharmacy program and what it means to learn about and work in rural communities.

By ASHLEY GALLAGHER

IDAHO STATE UNIVERSITY (ISU) AND THE UNIVERSITY OF ALASKA ANCHORAGE (UAA) have partnered to offer Alaska’s very first doctor of pharmacy degree, helping to prepare students not only for careers in pharmacy, but for careers that cater to underserved, rural populations.

“We are a satellite campus of Idaho State University College of Pharmacy,” said Liv Swonger, a third-year student at UAA, in an interview with Pharmacy Careers®. “It is a fairly new program, with brick-and-mortar facilities on the University of Alaska Anchorage campus.”

According to the UAA website, the curriculum at the dual campus covers the history of pharmacy education, rural health, and multisite delivery. There are also different lectures in diversity and inclusion that Swonger said are designed to teach students to advocate for patients and navigate pharmacies in more rural areas.

“In our special populations module, we’ve had guest lecturers...discuss [the] health care of Alaskan native people, who make up the majority of the population,” Swonger said. These modules have brought to light the value of clinical experience “and how...treatments within the population might not always be reflective of [a] typical treatment course or what you might find in the literature.” Understanding the differences in [styles of] care, she said, would help her provide the best treatments to these communities in the future.

Jessica Goodman, a first-year pharmacy student at the same campus, told Pharmacy Careers® that studying in a non-urban area had made her realize the need for more health care workers in such communities. Especially as a pharmacist-in-training, Goodman said she could see the needs within underprivileged populations.

“Going into pharmacy school, I was really looking forward to [helping disadvantaged patients],” Goodman said. “It’s been really awesome to be able to help people that really need it.”

She said that the university’s Office of Experiential Education has numerous rural as well as urban options available, which allow students to learn about different communities and offers students a more well-rounded experience in general.

“We also do a lot of outreach events that can go to rural areas, like vaccination clinics...[and] screening[s] for diabetes and heart issues,” Goodman said. “I am part of our substance use disorder and over-the-counter medication organizations.”

Even though Anchorage is a large city, Goodman noted that it is only about an hour’s drive away from rural areas, so doing outreach programs is easy.

As the first of its kind in the state, the ISU/UAA program is a tremendous milestone and means that undergraduates don’t have to leave home to study pharmacy. She emphasized that other schools have more competition than UAA, since its pharmacy program is unique.

“There’s a lot of opportunities just because there are only so many of us students,” Goodman pointed out. “That allows...us to go out and do things that a lot of [students] elsewhere cannot do.”

Swonger agreed, saying that with only about 40 students, the program allows members to build stronger relationships with one another. “Going into the program...I really relied on the experiences of my upper classmen to help me navigate pharmacy school and getting my doctorate,” she said, adding that it was nice to be able to pay that forward as she advanced through the program.

Taking a broader perspective, Swonger mentioned that not only are the connections between students stronger, but also those between the school, the Alaska Pharmacist Association, and the profession in general.

“I feel like I have contributed to this...through community outreach, but additionally when traveling on my rotations, I’ve been extremely lucky and so thankful...[for] pharmacists...who have offered me housing, shared their lifestyles...and integrated me socially within the community.”
Pharmacy Students See Opportunities for Personal Branding on YouTube

In addition, YouTube can supplement and inform students’ academic experiences.

By AISLNN ANTRIM

AS PHARMACY STUDENTS TRY TO DIFFERENTIATE THEMSELVES in the job market, some are turning to YouTube to establish personal brands.

Social media channels can have a myriad of uses for health care professionals, including networking, educating the public, searching for work, and building a personal brand. A 2016 qualitative study on social media use by pharmacists found that they used YouTube primarily to educate themselves by watching university lectures and amateur as well as professional educational videos. None of the participants reported contributing to YouTube.¹

Some pharmacy students, however, are discovering that they can connect with others and build a personal brand with their own YouTube channels. Pharmacy Times® spoke with 2 of them, whom we profile below.

With more than 187,000 views and 5370 followers, fourth-year pharmacy student Jasmine Perry uses her channel to show others what pharmacy school is like.

Perry said she watched many YouTube videos about what to expect in college while she was in high school. So when she started at the University of North Carolina Eshelman School of Pharmacy, she wanted to bring the same kind of information to people who might be considering pharmacy school.

“When I looked on YouTube, I noticed that there was a lack of information, and specifically, a lack of information from women of color,” Perry told Pharmacy Times®.

“So I wanted to be the person that gave pharmacy a positive light on YouTube.”

Initially, Perry says, she also wanted to include beauty content on her channel, but that topic fell by the wayside when her pharmacy-related content gained popularity, including videos like “Day in My Life | Pharmacy Edition” and “7 Study Tips Every Pharmacy Student Should Know.” She also discusses other topics such as how to work with patients and managing burnout.

“My largest video on the platform is about the pros and cons of pharmacy school, and that just lists...the different things that I think are beneficial about pursuing this career,” Perry said. “And then there are some things that I didn’t know before...applying to pharmacy school.”

Most of Perry’s videos feature eye-catching thumbnails with pink text, which Perry says is her favorite color. Displaying her personality and developing a personal brand were also major goals in addition to disseminating information about life as a pharmacy student.

When she started pharmacy school, Perry says she struggled with imposter syndrome because there were not many people who looked like her in the program. By creating her YouTube channel, however, she has been able to share her identity and connect with other pharmacy students of color.

“I wanted to utilize YouTube to share my identity and also find the balance between professionalism and show, ‘Hey, you can utilize your favorite colors’...pink backgrounds...pink font...anything that showcases your personality, as long as you tell your story and remain true to yourself. So personal brand is everything.”

Perry said that she has been able to create a large community from among followers of her channel, including students abroad who have reached out to her. She has also gotten in touch with various companies and even secured a communications internship with Pharmacy Quality Solutions, which allows her to combine her YouTube experience and pharmacy knowledge.

When asked what advice she would give to pharmacy students interested in the platform, Perry says it offers significant benefits as a source of information and for personal

JASMINE PERRY

By AISLNN ANTRIM

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By AISLNN ANTRIM
branding. She specifically used it to study pharmacokinetic equations and said that there are myriad resources than can supplement what is taught in the classroom. Beyond that, creating personal videos can help differentiate you from others when you’re looking for a job.

“Pharmacy is a tiny world, and a lot of people know one another,” she said. “Social media is a great way to get your name out there as a student, especially because starting off, we really don’t know our place in the world of pharmacy. It’s a great way to network and it’s a great way to showcase your personal brand.”

After posting his first video on YouTube in 2018, Robert Thompson-Eshun continued creating content about fitness, nutrition, and pharmacy. Now in his final year at St. John’s University College of Pharmacy and Health Sciences, he has garnered more than 54,700 total views.

When he first started looking for pharmacy-related content on the platform, Thompson-Eshun said he was surprised by the lack of videos for students like him. That’s why he decided to focus on pharmacy videos himself as well as on his interest in fitness and nutrition.

“I love fitness content, but there’s a lot of [it] so there’s no need to make any more,” Thompson-Eshun told Pharmacy Times. “And I just felt like I should document a little bit [of] my pharmacy school stuff.”

Now he produces the kind of videos he wished he had found when he first pursued a graduate degree, or even back when he was in college and high school. He offers a realistic view of pharmacy school, including practical information about how to avoid common mistakes on pharmacy exams.

“I think one of my greatest accomplishments on my YouTube channel, besides the views and everything like that, is the fact that I focus on depth versus width,” he said. “I like to focus on people connecting with me, and I’ve been fortunate enough to have people actually email me about my YouTube videos and talk to me.”

Like Perry, Thompson-Eshun said that it has been extremely rewarding to associate with other pharmacy students of color and show that people from different backgrounds can be successful in the field. He has also connected with high school and college students who may be considering a career in pharmacy and said he hopes to become a resource for them.

Besides networking, Thompson-Eshun has also developed a personal brand on YouTube. Whether intentionally or not, the way people present themselves on social media platforms becomes their personal brand, he pointed out. The key to succeeding is to stay consistent and have clear goals.

“One of the main things I want to make sure is consistent is that, when you watch one of my videos, you know exactly who I’m trying to target...exactly what I’m trying to do,” he said.

Thompson-Eshun also noted that because it is impossible to know everything, it’s important to be honest with viewers and try to point them in the right direction when you don’t have the answer to a question. This honesty can reinforce one’s authenticity and elicit trust from viewers.

“I try to give people the best information I have and what I wish I knew, but that’s pretty much where it stops,” Thompson-Eshun said. “I don’t have to be the person that knows everything.”

Overall, Thompson-Eshun said he believes YouTube is an underrated resource among social media platforms. One of the primary values of YouTube is the ability it gives users to find information quickly and easily on any topic, unlike TikTok or Instagram, which don’t have such strong search functions.

He has also been able to increase his knowledge of pharmacy by watching other YouTube videos, on pharmacology, for instance, which have helped him supplement his educational experiences.

“I’ve actually learned a lot about the basic principles of health care from YouTube, and then I use that to...navigate pharmacy school,” he said.

With all this knowledge and experience, Thompson-Eshun said he is interested in using his marketing skills for a career in the pharmaceutical industry, although he is currently focused on getting an internship. In addition, he is learning how to code, which could expand his options in health technology.

“I’m interested in a lot of things, but I’m [more] interested in how different aspects of business and technology can be utilized in pharmacy to help change the profession,” he said. “I feel [that] pharmacists should be the ones...changing the industry.”

REFERENCE

IN THE SECOND EPISODE OF THE PHARMACY FOCUS PODCAST: STUDY BREAK, Jessica Louie, PharmD, CEO and founder of The Burnout Doctor Podcast, sat down with us to discuss how students can manage burnout. Although the words are often used interchangeably, there are key differences between them. Notably, stress is often the precursor to burnout, so managing the former can help prevent the latter.

Burnout is characterized by exhaustion, cynicism, and decreased self-efficacy, Louie explained. Exhaustion can be both emotional and physical and include chronic fatigue. Cynicism often follows exhaustion and can manifest as depersonalization or having a more negative perception of one’s work. Feeling disconnected from colleagues or patients can be a sign of cynicism. In the final stage of burnout, as self-efficacy decreases, individuals have a low sense of personal accomplishment and can begin to question whether they really have an impact on their workplace or their patients.

People under stress, on the other hand, typically appear to be overly engaged (hyperactive), but as burnout begins to set in, they tend to become more disengaged (hypoactive). Despite stress and burnout being so common, many students and pharmacists are unaware of the differences between the two, Louie pointed out. “Burnout is definitely something that I was not familiar with...back when I was a student or a new pharmacist,” she said. “I actually experienced burnout...in 2014 and 2015.”

Burnout can also have a significant impact on mental health more broadly, and Louie urged students who may be struggling emotionally to seek appropriate care from
MENTAL HEALTH MATTERS

We want to feel aligned, so that we don’t feel that school or work is our whole life.

a licensed practitioner. Mental health and well-being go hand-in-hand, she said, and students in particular should remember that education is not the only part of their lives that is important. Allowing one’s identity to be attached to a single thing, like school, can quickly lead to burnout if students stop paying attention to their health, the time they spend with friends, and other meaningful experiences.

To maintain a balance between various responsibilities, Louie recommends that students do a “joy check” every week to make sure their physical, social, educational, spiritual, and other needs are being met. “We want to feel aligned, so that we don’t feel that school or work is our whole life,” she said.

This balancing act can be especially challenging for students, who may be involved in academic and professional organizations as well as being subject to the daily stress that coursework and their personal lives can generate. Louie urges students to block off periods of time for different activities on a planner. This way they can be in control, instead of merely reacting to external demands and running from one activity to the other.

Similarly, setting boundaries can be especially important when students are juggling professional and personal responsibilities. Although some are unavoidable, anything that students agree to do should bring joy and add value to their lives, Louie emphasized.

Finally, when feeling burned out everyone should take a CEO day—a day that is dedicated solely to tasks that will move them forward personally and professionally. During that day, students can think about the goals they want to set for themselves and plan how to attain them.

“So, if you’re a first-year and you’re thinking about setting goals over the next 3 years, or if you’re a fourth-year and you’re thinking about setting goals over the next couple of years, you can start brainstorming that out for yourself,” Louie said. “And then once you have goals...you can start breaking them down into how you’re going to get something in 3 years by breaking it down into a yearly goal, and then reverse engineer it into a quarterly goal.”

This approach can help students prepare for the future without becoming overwhelmed by the big picture. Not all goals should be pursued simultaneously, and it can be helpful to acknowledge that some may be more pressing at different points in time. For example, employment may be more important than coursework during the break between semesters, whereas academics will take priority during the semester.

Louie added that burnout is most likely to occur during transitions in life, such as between graduating and becoming a full-time pharmacy employee. Although students may not always be in control of these transitions, they do have control over whether to add stressors to any given situation.

“Maybe that means that if you just graduated and you’re starting a new job, you don’t also add taking additional board exams at the same time, or making a big purchase at the same time,” Louie said. “You push those off a couple of months so that you’re able to focus on that one transition, instead of having 2 or 3 or 4 transitions going on at the exact same time.”

Finally, pharmacy students should consider mental health care as an investment in themselves. Blocking time off every day or every week to unwind and check in with yourself can be effective and writing this on the calendar can help turn it into a routine.

“I just encourage students to make some time for this and invest in yourself, whether that’s putting 5 minutes on your calendar or putting 30 minutes in your calendar,” Louie said. “Take some time for yourself and don’t break that appointment once it’s on your calendar.”
Let your voice be heard!

Student Voices empowers student pharmacists to lead the conversation through articles, videos, and social media.

Students who wish to participate in Student Voices are encouraged to submit articles to be featured in Pharmacy Careers® and on PharmacyTimes.com, and can be featured in a video interview. To submit an article or express interest in an interview, please send an email to AHippensteele@mjhlifesciences.com.

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