

WUscript

news from the Wingate University School of Pharmacy

summer 2005



The New Faces of Pharmacy

WHY WE TEACH LISTENING AND CRITICAL THINKING SKILLS

Robert B. Supernaw, Pharm.D.



Perhaps the greatest lesson to be learned from patient care experiences is that, more often than not, solutions lie within the patients themselves. A second lesson is that, all too often, clinicians look for

prescriptive guidance in national guidelines, all too eager to follow an algorithmic cookbook approach to medical decision making.

In teaching medical problem management over the past 32 years, I have come to expect patterned responses. When presented notes and labs suggesting a patient has not responded satisfactorily to pharmacotherapy, medical students almost invariably will recommend an increase in the dose of the medication. Pharmacy students tend to recommend an alternative drug. Without first carefully and critically thinking out the problem, I suggest that both recommendations could be labeled *premature* at best. In our rush to fix the problem and move on, we oftentimes neglect the critical thinking process.

In 2003, we developed a course in critical thinking to address what we saw as a curricular deficiency. The *Critical Thinking* course had a title that did not divulge much of its scope or purpose to the black-or-white, only-one-answer anchored minds of the first year pharmacy students. On the first day of class, I began by defining the most important concept in the course: *Critical thinking is an individual's standardized process of suspension of judgment and subsequent action until such time as the issue at hand can be fully and deeply considered outside of the biases of*

conventional thinking or stakeholder interest, followed by a period of reflection in light of a full assessment of possible alternatives, alternative explanations, and consequences – a process that leads to crafted solutions. And, I respectfully suggest, consulting national guidelines is no substitute for critical thinking.

On the first day of class, I presented the students with a problem. *A patient presented at the family practice clinic with essential hypertension. All possible causes of the problem had been ruled-out; so, following JNC-VII Guidelines, antihypertensive medication was initiated. The patient returned today, and her record indicates that her blood pressure, while less than it was on her initial reading of last week, was not within acceptable limits.* The question I posed to the class was not what should be done. I asked the class *why* the patient did not respond satisfactorily.

“In our rush to fix the problem and move on, we oftentimes neglect the critical thinking process.”

As expected, two explanations emerged. Some students opined that the patient was underdosed, while others felt that a therapeutic alternative should be tried. I paused and asked for other possible explanations. None were offered. I have come to appreciate the educational value of absolute silence – the complete stillness experienced when no student is prepared to contribute, but significant thinking is taking place. I paused even longer. Finally, one brave student asked, “Do we know if the patient took her medication today?” Then, almost like the sound of popcorn

beginning to pop, another asked, “Do we know if the patient ever got the prescription filled?” And another asked, “Do we know if the nurse took the BP correctly?” And another, “Could the patient have white-coat hypertension?” And another, “Is the patient too embarrassed to tell you she couldn’t afford the medication?” And another, “Could the patient be on another medication that increases BP?” And another, “Is it a long-acting dosage form, and could the patient be crushing it?”

As soon as the students began to understand their roles in the critical thinking exercise, they understood the next step. After withholding judgment, they needed to develop strategies to rule-out the numerous alternative explanations for the phenomenon, a process that deductively led them to the most likely explanation. Only then were they allowed to develop a strategy for correcting the problem at hand.

It is important to understand that often our primary tools for combating healthcare challenges are drugs. When these tools do not lead to the desired results, we need to assess whether the problem is the drug, its dose, or something that the patient reveals to us when we take the time to ask. Clearly it is easier to engage in critical thinking while listening to our patients than it is while we are giving our patients instructions. Only then, can we craft our solutions.

Welcome to the first edition of WINscript. The Wingate University School of Pharmacy was an idea in 1999 that progressed to my arrival in June 2002. The past three years have brought growth, challenges, and successes, and the future is filled with promise. This inaugural edition of WINscript will provide you a glimpse into our people and our program. My column in each edition will invite consideration of a particular program component or perspective. I appreciate this opportunity to communicate and invite your feedback and involvement at any time.



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MISSION:

The Wingate University School of Pharmacy intends to be a nationally recognized leader in the education of students and pharmacists for the practice of pharmacy in all patient care settings for all patients. Wingate seeks to pursue its mission by providing an individualized, state-of-the-art learning environment that will facilitate the development of its students' critical thinking and problem-solving skills for the pursuit of pharmaceutical care. Subordinate to the primacy of Wingate's teaching mission are scholarly and service pursuits. Wingate will stimulate scholarly inquiry and will facilitate service to patients, to the community, to the health care professions, and to the institution. Consistent with the student-centered focus of the University, limited enrollment will allow for practice experiences during each year of the curriculum and the low student-to-faculty ratio necessary for the fulfillment of the School's stated mission.

Community outreach is a key component of the Wingate University School of Pharmacy culture. Our mission statement indicates a commitment to serving patients and the community. Acting on this philosophy has led to several valuable partnerships with community agencies, schools, and hospitals.

This year, Wingate students worked with local schools, businesses, healthcare clinics and government agencies to research, evaluate and educate children and adults about critical health issues.

One project addressed tobacco use in local high schools. With the assistance of two \$3,000 mini grants from the TRU Foundation, the Wingate students were able to start tobacco use prevention clubs at Forest Hills High School and Monroe High School to educate students on the health risks of smoking. The group conducted a survey which revealed that 80 percent of students have a parent who smokes. The project also educated students about the risks of chewing tobacco and gave out sunflower seeds as an alternative. Kim Bayha, Union County Schools Health Educator, praised the impact of this initiative, "Union County Public Schools is very fortunate to be the beneficiaries of Wingate's outreach efforts. The level of commitment, professionalism and skill of the six students was impressive. We thoroughly enjoyed working with them and feel they made a difference in spreading the tobacco prevention message at these two schools, in a short period of time."

Educational outreach efforts also included:

Fitness. In Commit to Fit, the students worked to positively change the attitudes of children toward nutrition and exercise. Working with the Wingate Elementary After-School Program, the students taught children how to identify healthy foods and learn fun physical activities. They also sent newsletters to parents and tested children and parents on their perceptions of nutrition and their levels of exercise. The project resulted in the formation of a partnership with Wingate University Sports Sciences Department and the School of Pharmacy to continue the program throughout the school year.



how to identify healthy foods and learn fun physical activities. They also sent newsletters to parents and tested children and

Asthma. Research showed a significant percent of school-aged children with asthma in Union county. Using creative play techniques, elementary through middle-school-age children were taught how to identify signs of asthma and practiced breathing correctly into an asthma inhaler device.



Screening. One group of pharmacy students set up blood pressure and glucose screening clinics at Healthquest which offers prescriptions and prescription counseling to low income patients.

Prenatal Care. Through the Union County Health Department, students taught expectant mothers about prenatal care. They provided bags of baby care supplies and educated mothers about risks and opportunities during the prenatal period.



Breast Cancer. Students participated in the Komen Race for the Cure and held breast cancer detection and information clinics at Eckerd drugs in Monroe.

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Urundi Moore

Third-year student **Urundi Moore** tells his seven-year old daughter, Adiya, that she can do anything she wants in life, as long as it is useful to her community. He is modeling this philosophy as he pursues his Pharm. D. in the Wingate University School of Pharmacy (SOP). Moore has always been fascinated by life sciences and chose pharmacy because it provided him with an opportunity to explore that interest and use it in a clinical setting for the benefit of people.

His interest in Wingate began as soon as plans for the school were announced. Initially, the location attracted him, but after his applicant interview, location became incidental. Moore appreciated that Wingate was committed to using new technology and innovative teaching methods and that the program was devoted to community service as well as education with a patient-centered approach for applying knowledge.

Since joining the inaugural class, Moore's expectations have been realized. He says, "Students here aren't competing. Small classes and group work help you bond with your peers and we all become invested in mutual success and progress." He feels that faculty and fellow students are interested in him as a person and he reciprocates their interest by noting, "We're a real family here."

Moore credits his adviser, Dr. Glenn White, with his ability to balance a rigorous academic load with family commitments. Moore said that White encouraged him to think about where he wanted to be at the end of his program of study – personally as well as professionally – which put his sometimes conflicting

responsibilities into perspective. Now, Moore does homework alongside his daughters (Adiya and her younger sister Jada) and finds peace in the support of his wife, Nikki, and in prayer.

Moore has served on the School of Pharmacy's Curriculum Assessment Committee, Dean's Advisory Committee, Academic Standards Judicial Board, and currently is on the SOP Planning Committee. He is a member of the American Pharmacist's Association, American Society of Health-System Pharmacists (ASHP), and North Carolina Pharmacist's Association and is the ASHP Liaison for PILLS (Pharmacy Integration of Learning, Leadership, and Service).

A Charlotte native, Moore has undergraduate degrees from North Carolina A&T State University and the University of North Carolina at Charlotte in marketing and biology respectively. He has worked locally for Proctor and Gamble Distributing Company, Eckerd Corporation, and Novant Health. He wants to practice in the greater Charlotte area after graduation, noting, "I consider being a part of this school of pharmacy a blessing, and I hope that the pharmacist that I become as a result of my time here will magnify the blessing across my community."

Wingate Receives ACPE Provider Status

At the January meeting of the Accreditation Council for Pharmacy Education (ACPE), Wingate University School of Pharmacy (SOP) was awarded ACPE Provider Status. This will allow Wingate University SOP to provide ACPE accredited continuing education (CE) programs to the pharmacy community.

The mission of the Wingate University SOP CE department is to sponsor and co-sponsor programs to meet the life-long learning and

continuing education needs of faculty, preceptors and pharmacists in Charlotte and surrounding areas. Pharmacists must complete 10 CE credits per year. The mission of the CE program is consistent with the primacy teaching mission of the School of Pharmacy.

Dr. Mary Ferrill, Assistant Dean for Professionalization, is the Director of the Wingate University SOP Continuing Education department.



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Cholesterol. One group published a fast food survival guide to help illustrate the calories, fat and cholesterol in foods found in five of the most popular fast food chains. They took their presentation to Benton Heights Presbyterian Church's senior adult group to point out the health risks of fast food and play a game of 'cholesterol jeopardy.'

Stimulant Abuse. Meeting with a group of students from nearby University of North Carolina at Charlotte, this project focused on the risks of overusing ADHD medications and weight loss drugs as stimulants. Such drugs are popular among students who are using them to stay awake while studying. Misuse can cause heart problems and other negative side effects.

Diabetes. A diabetes project focused on screening for adults over age 55. The group studied the prevalence of diabetes and the risks and need for education among seniors. These students interviewed and screened seniors at the local VFW and Senior Center in Monroe.

Cardiovascular Health. Students centered on cardiovascular risk education for seniors. The group conducted high blood pressure and cholesterol screening at the Day of Dance event at Wingate University, the Fitzgerald Center, Sanger Clinic, and the Monroe Assisted Living Center.

Through these experiential learning efforts, the second-year pharmacy students gained valuable patient-care insights while providing valuable services to the community.



One project featured Rusty the Asthma Shark (aka Dr. Christian Dolder, Assistant Professor of Pharmacy). This team visited Wingate Elementary to educate the students about asthma symptoms, treatments, and prevention.

Question: I thought vaccines were just for children. Do adults really need to be immunized against diseases, and if so, which vaccines do I need?

Answer: You are *never* too old to get immunized! While immunizations are very important for children and play an important role in decreasing infant and childhood mortality, getting immunized is really a *lifelong job*. Here are some details about immunizations that you may need to know.



Michael H. Nelson, Ph.D.
Associate Professor of Pharmacy

On average, 36,000 adults die every year in the U.S. from complications resulting from influenza – “the flu”. In many cases, these deaths could have been prevented by vaccination. If you are over the age of 50, or if you have certain medical conditions, such as diabetes, you are at high risk of complications with influenza and should get a flu shot every year in late fall. However, the flu vaccine is not limited to just these adults. Everyone who wishes to decrease their risk of getting the flu should consider getting immunization against influenza.

Pneumonia is a common cause of serious illness and death among adults in the U.S. Pneumonia that is caused by the bacterium *Streptococcus pneumoniae*, or pneumococcal pneumonia, is especially dangerous. The pneumococcal vaccine provides protection against this bacterium. Anyone over the age of 65 should get a pneumococcal vaccine. In addition, many people under the age of 65 should receive the pneumococcal vaccine if they have certain common medical conditions, such as diabetes or heart and lung diseases. Even if you have already received the pneumococcal vaccine, you may need a second dose. Ask your healthcare professional to determine if you are such a candidate.

Tetanus is a life-threatening bacterial disease; the tetanus bacteria lie dormant in the soil, waiting to infect individuals who have deep or dirty wounds and aren't up to date on their immunizations. It is recommended for everyone to have a tetanus booster shot every 10 years. If you can't remember when you last had a tetanus booster, then ask for one today – there is absolutely no harm in getting a tetanus booster early. Yes, your arm may hurt for a few days, but developing tetanus is far worse.

Some adults work in an environment in which they may be at risk for exposure to the hepatitis B virus. Fortunately, a highly-effective vaccine against this virus is available for anyone at risk. Ask your employer or healthcare professional if you need this vaccine. This vaccine requires three shots over about 6 months to afford full protection, so don't forget to complete the vaccine series.

Adult immunizations make sense – why get a disease if you can prevent it? Ask your healthcare professional today to help you decide which immunizations you should receive.

Pharmacies

Mr. Jacob Abraham, K-Mart Pharmacy
 Mr. Michael D. Abram, Eckerd Drug
 Ms. Donna L. Adams, Target Pharmacy
 Dr. Chadwick M. Baker, Eckerd Pharmacy
 Mr. Peter G. Barbera, Eckerd Pharmacy
 Ms. Susan L. Barch, Harris Teeter Pharmacy
 Ms. RaeLynn Baron, CVS Pharmacy
 Ms. Brenda K. Baxley, Marshville Pharmacy
 Mr. Robert V. Benston, Eckerd Drug
 Ms. Dharmesh G. Bhakta, Bi-Lo Pharmacy
 Mr. Joe L. Black, Franklin Street Pharmacy
 Dr. Stephanie A. Bosquet, CVS Pharmacy
 Mr. James B. Brannon, Medical Center Pharmacy
 Mr. Aaron C. Brentzel, Eckerd Drug
 Dr. Harold S. Brewer, Medical Center Pharmacy
 Dr. Tanya B. Brewer, Medical Center Pharmacy
 Jacquelynne A. Brown, Harris Teeter Pharmacy
 Mr. George Calagis, Bi-Lo Pharmacy
 Mr. Donald G. Cameron, Eckerd Drug
 Mr. William J. Clinard, K-Mart Pharmacy
 Mr. Joe Cosentino, Harris Teeter Pharmacy
 Mr. Benjamin S. Dinkins, Indian Trail Pharmacy
 Mr. William B. Dixon, Jr., CVS Pharmacy
 Mr. J. Grant Dorough, Indian Trail Pharmacy
 Marc Drillings
 Mr. Jason J. Dura, CVS Pharmacy
 Mr. James R. East, Indian Trail Pharmacy
 Dr. Mika Eudy, Wal-Mart Pharmacy
 Mr. Edward G. Faulkner, Faulkner's Drugs
 Mr. Jeffrey K. Galloway, Costco Pharmacy
 Mr. Robert C. Gamler, CVS Pharmacy
 Susan M. Garwood, Bi-Lo Pharmacy

Dr. Joy B. Greene, Oakboro Pharmacy
 Dr. Robert A. Guskiewicz II, Walgreens Pharmacy
 Dr. Ryan L. Heaton, Moose Pharmacy
 Ms. Janet F. Helms, K-Mart Pharmacy
 Dr. Tammy E. Herzog, Target Pharmacy
 Ms. Rebecca K. Hoover, Harris Teeter Pharmacy
 Dr. Amie L. Howe, Moose Midland Pharmacy
 Mr. David L. Jamison, Faulkner's Drugs
 Ms. Kelly G. Johnson, Target Pharmacy
 Mr. Nick G. Karres, Bi-Lo Pharmacy
 Mr. Alan Kennedy, Medicap Pharmacy
 Shaun P. Key, Wal-Mart Pharmacy
 Mr. Andrew C. Lewis, Eckerd Pharmacy
 Ms. Jill A. Magda, Harris Teeter Pharmacy
 Nancy A. Magyer, Bi-Lo Pharmacy
 Julia Malinsky, Harris Teeter Pharmacy
 Mr. E. Lazelle Marks, Medical Center Pharmacy
 Mr. Gregory A. Marks, Medical Center Pharmacy
 Mr. Jonathan S. Marks, Medical Center Pharmacy
 Mr. Jonathan S. Marks, Medical Park Pharmacy
 Ms. Anita Matai, CVS Pharmacy
 Ms. Tamara P. McCraw, Harris Teeter Pharmacy
 Mr. Louis E. Molnar, Harris Teeter Pharmacy
 Dr. Joseph S. Moose, Moose Professional Pharmacy
 Mr. William W. Moose, Jr., Moose Pharmacy
 Dr. Subira Moyo, Walgreens Pharmacy
 Mr. Louis R. Murano, CVS Pharmacy
 Ms. Mary M. Nash, Bi-Lo Pharmacy

Ms. Paige S. Nivens, Harris Teeter Pharmacy
 Mark E. Oxendine, Bi-Lo Pharmacy
 Justine M. Panfen, Harris Teeter Pharmacy
 Shital R. Patel, CVS Pharmacy
 Dr. Prashant D. Patel, Walgreens Pharmacy
 Mr. James A. Patrick, CVS Pharmacy
 Mr. Jesse M. Pike, Jr., Pike's Pharmacy
 Mr. Tom Pomfrey, CVS Pharmacy
 Mr. Scott E. Romesburg, Walgreens Pharmacy
 Ms. Helen H. Rumley, Sun Valley Pharmacy
 Mr. Leopold K. Salzer, IV, Wal-Mart Pharmacy
 Ravin R. Shah, CVS Pharmacy
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 Mr. Thomas F. Taylor, Parsons Drug
 Ms. Shannon Terry, Medical Center Pharmacy
 Ms. Crystle T. Tillis, Medical Park Pharmacy
 Tamara Matthews, Costco Pharmacy
 Ms. Sheri L. Zallar, Target Pharmacy



Students participated in the APhA-ASP Patient Counseling Competition.

Preceptor Spotlight:

Dr. Amie Howe

A distinguishing feature of Wingate University's School of Pharmacy is the Early Practice Experience Program. Students set up their first field experience during the first week of school and are 'learning by doing' at every juncture. This early exposure to practice integrates academic and practical learning, helping students develop not only an essential skill base but a core values base which shapes their development as a pharmacist in a 'real' setting.

Preceptors are professional pharmacists in the community who partner with the School of Pharmacy to host students for experiential learning. Preceptors make the Early Practice Experience Program possible. Currently, Wingate is in partnership with almost 200 preceptors in community and hospital settings.

One of our model preceptors is **Dr. Amie Howe**, the pharmacist at Moose Midland Pharmacy. She graduated with a Pharm.D. from UNC-Chapel Hill. She said, "I always knew I wanted to be a pharmacist. I was a pharmacy technician in college and it suited me. I love everything about the job."

Dr. Howe operates the pharmacy with a strong emphasis on pharmaceutical care. All patients receive personal counseling for new prescriptions. Dr. Howe also provides compounding services, extensive diabetes education, and a variety of disease state management services. She explains, "My job is to serve the patients in whatever way I can. Having the Wingate students in the pharmacy keeps my focus on learning. I should learn something new every day while imparting to these budding pharmacists the critical role they play in their patients' lives."

Hospitals

Ms. Janice Adams, Springs Memorial
 Ms. Lea Ann Anderko, Presbyterian Hospital - Matthews
 Dr. Elliott Baker, Jr., Springs Memorial
 Dr. Ramadas Balasubramanian, CMC - Pineville
 Dr. Andrew Barlow, Northeast Medical Center
 Dr. James Baucom, Jr., Union Regional Medical Center
 Dr. Susan Bear, Carolinas HealthCare System
 Mr. David Bilotta, CMC - Pineville
 Mr. Thomas Bodkin, CMC - Mercy
 Dr. Michael Bolewitz, CMC - Mercy
 Dr. Courtney Brien, CMC - Mercy
 Ms. Joyce Burns, Anson Community Hospital
 Dr. Sean Burroughs, Northeast Medical Center
 Mr. Mark Byrum, CMC - Mercy
 Dr. Valerie Carnohan, Presbyterian Hospital - Charlotte
 Mr. Robert Carta, Carolinas HealthCare System
 Ms. Elizabeth Conforti, Presbyterian Hospital - Matthews
 Ms. Cindy Coxwell, CMC - Pineville
 Dr. Stephanie Dale, CMC - Mercy
 Dr. Lauree Dale, Union Regional Medical Center
 Dr. Fran Davis, Presbyterian Hospital - Charlotte
 Ms. Kim DeRhodes, CMC - Mercy
 Dr. Carolyn Dingle, CMC - Pineville
 Dr. Helen Dinkins, Union Regional Medical Center
 Dr. Jennifer Elden, Northeast Medical Center
 Mr. Martin Emsermann, CMC - Pineville
 Ms. Peggy Evatt, CMC - Pineville
 Dr. Laura Frantz, Presbyterian Hospital
 Toni Gaalaas, Stanly Memorial
 Dr. Cheryl Gainey, CMC - University
 Mr. Jesse Ghantt, Jr., Springs Memorial
 Nooshin Golshan, CMC - Pineville
 Mr. Samuel Goodwin, Anson Community Hospital

Dr. Michael Gum, Presbyterian Hospital - Charlotte
 Ms. Linda Hall, CMC - Mercy
 Ms. Laurie Harnach, CMC - Mercy
 Ms. Leigh Harrah, CMC - Mercy
 Dr. Gregory Hayes, First Health Richmond Memorial
 Ms. Cecilia Helms, Stanly Memorial
 Dr. Tina Hipp, Northeast Medical Center
 Ms. Jennifer Hissam, Presbyterian Hospital - Matthews
 Mr. Nathan Ikner, CMC - University
 Ms. Brenda Jarrell, Stanly Memorial
 Dr. Steven Jarrett, Carolinas Medical Center - Pharmacy Department
 Dr. Tonya Jones, Anson Community Hospital
 Dr. Jason Joyce, First Health Richmond Memorial
 Mr. Kevin Kline, CMC - University
 Ms. Betty Leonard, Stanly Memorial
 Mr. Don Mabe, Jr., CMC - Mercy
 Dr. Justin Marlow, Northeast Medical Center
 Ms. Elena Marsh, Presbyterian Hospital - Matthews
 Mr. Wesley Martin, Anson Community Hospital
 Ms. Peggie Matteson, CMC - Mercy
 Mr. Daryl McCollum, CMC
 Dr. Elise McInnis, First Health Richmond Memorial
 Ms. Nicole McInnis, First Health Richmond Memorial
 Dr. Michael McLean, Union Regional Medical Center
 Geeta Mehta, CMC - Pineville
 Ms. Angela Merryman, Presbyterian Hospital - Pharmacy Department
 Dr. Gwen Mitchell, Presbyterian Hospital - Matthews
 Dr. Leigh Morris, Anson Community Hospital
 Mr. Richard Murphy, CMC - Mercy
 Ms. Leona Oakes, CMC
 Ms. Lizzie Partee, CMC - Mercy
 Mr. Jeffrey Patchett, Northeast Medical Center
 Mr. Richard Perkins, CMC - Pineville
 Ms. Jennifer Pernel, CMC - Pineville

Ms. Elizabeth Phifer, CMC - Pineville
 Ms. Lisa Plaxco, CMC
 Dr. Ruth Pleasants, Stanly Memorial
 Ms. Leah Powell, Anson Community Hospital
 Dr. Pranom Quaoser, Stanly Memorial
 Mr. Alvin Ricks, CMC
 Dr. Bryan Robinette, Northeast Medical Center
 Ms. Lynn Schmidt, Presbyterian Hospital - Matthews
 Dr. Sonia Shaw, Northeast Medical Center
 Ms. Kelly Singleton, CMC - Pineville
 Dr. Susan Smith, Presbyterian - Charlotte
 Dr. Angie Smith, Stanly Memorial
 Mr. Andrew Smith, CMC - University
 Mr. John Stoots, Stanly Memorial
 Dr. Rebecca Szymanski, Northeast Medical Center
 Mr. Joseph Talarico, Stanly Memorial
 Mr. Robert Taylor, Northeast Medical Center
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 Dr. Lloyd Warner, Union Regional Medical Center
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 Ms. Amy Wetzel, CMC - Mercy
 Ms. Betty White, CMC
 Ms. Martha Wilcox, Stanly Memorial
 Ms. Gail Williams, Springs Memorial
 Ms. Diane Wolfe, Presbyterian Hospital - Matthews
 Dr. Teri Wooton, Northeast Medical Center
 Ms. Pam Yerkes, CMC - Mercy
 Ms. Sandra Medlock, Union Regional Medical Center
 Ms. Julie Ann Hendrick, Union Regional Medical Center
 Ms. Janet Helms, Union Regional Medical Center
 Ms. Annette Griffin, Union Regional Medical Center
 Ms. Abby Tubbs, CMC - Mercy

In addition to being an outstanding pharmacist practitioner, she is one of the top community pharmacy preceptors in the Wingate program. Dr. Howe was among the original group of local pharmacists to be granted an appointment to the school as a Clinical Instructor of Pharmacy Practice. She has trained a Wingate student in all four

semesters of the Early Practice Experience program. The three students who have completed training with her thus far all nominated her for the Wingate University School of Pharmacy Preceptor of Distinction Award. Dr. Howe received the award at a banquet held on campus on May 20, 2004.

“I always knew I wanted to be a pharmacist. I love everything about the job.”

In March 2003, **Dr. Dan Brown** reluctantly left the faculty of another new pharmacy education program to become one of the first faculty members of the Wingate University School of Pharmacy. Ask his students, colleagues, and the preceptors with whom he works, and they will express gratitude that he did. Said Erinn Nichols in the Dean’s Office, “He brought balance and experience to our start-up efforts, and wisdom and insight to our practice programs. And he cares what kind of pharmacists walk out of here in four years. Everyone admires his conviction.” So much so that he was honored in 2004 as the inaugural Faculty Member of the Year.

Walking into his office, one walks into a motivational chamber. Bible verses, quotes from great leaders, plaques, mementos, and awards speak of his beliefs, the principles which guide good practices. Students remark on how he incorporates these messages into lectures, group discussions, and field experiences. He also calls on popular culture – such as clips from *ER* – to frame studies of topics such as communication dynamics in healthcare. Since students can download class notes before lectures, Dr. Brown challenges himself to re-tool the teaching experience to make coming to class worthwhile.

When asked what his biggest contribution is, he stressed that he is part of a team. He said, “I came as part of a team. (Assistant



Dean) Mary (Ferrill) and I enjoy pharmacy education and were attracted by the opportunity to help develop a new pharmacy program at a faith-based institution. And I work as part of a team, internally and externally.” When pressed, he acknowledged that he developed the early practice experience program, including designing the manual for preceptors and developing relationships with area pharmacists to serve as preceptors.

“The region was ripe for this partnership,” said Dr. Brown. “Almost all pharmacists embraced the program and the opportunity to train students. The preceptors have been valuable partners in our educational mission, and I’m proud to help facilitate

their association with the School of Pharmacy.”

Early exposure to practice is a concept that is gaining momentum in pharmacy education, and Dr. Brown was an early champion of this model. He noted, “The very first week of school, half of our class is in the field, working and learning alongside experienced pharmacists. This early practice helps integrate learning and practice and is crucial to our students’ values development. It should be the cornerstone of a successful program.”

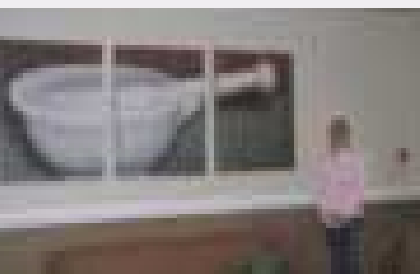
His next goals are to improve the hospital early practice experience so it is as established as the community pharmacy component and to expand the students’ spiritual involvement so they can integrate their spirituality and professional development.

Most of Dr. Brown’s career has been in practice rather than academia, so he has a good sense of what will make for successful pharmacist practitioners. He noted, “It is not skill that will make them successful – although skill is important. It’s the values they hold about the profession and about giving quality patient care. Our students are committed to pharmacy and are developing value-systems that will make them good pharmacists.”

It takes one to know one.

Gift of Art

When an existing building was being converted as the home of the new pharmacy school, an architect sketched illustrations of how the building’s concrete block interior walls could be altered. In one of the renderings, the architect sketched a triptych of a mortar and pestle on a wall of the main reception area.



As the interior make-over was nearing completion, Executive Vice President and Chief Financial Officer, **Charles Taylor**, saw the blank wall and remembered the sketch. He and his wife, Carol, commissioned an artist to do the painting and then donated it to the School of

Pharmacy. They knew an artist who would feel passionately about the project; their daughter, **Anna Freeman**, is an accomplished artist in the Raleigh area.

Freeman said of the opportunity, “This painting was fun to do because it combined my passion for art with my family’s love of the Wingate community. It is such an honor to be a part of the School of Pharmacy’s beginnings and to know my work will greet faculty, students, and visitors when they enter the renovated facility.”

Taylor commented, “We gave Anna complete artistic license and were very pleased with her interpretation. Our family is so proud of the Pharmacy School. We see this gift of art as a way of expressing thanks to all those who have contributed to its success.”

PILLS: Pharmacy Integration of Learning, Leadership, and Service

Jenna Weissert, PILLS President

Pharmacy Integration of Learning, Leadership, and Service (PILLS) is a student organization unique to Wingate University. The goals are to promote student involvement in professional and service activities, enhance student professionalism, promote the university, our program, and the profession to the community, and provide the basis for all other student-led organizations in the future.

Students in PILLS must maintain membership in the state professional organization, North Carolina Association of Pharmacists (NCAP), and one national pharmacy organization. PILLS serves as an umbrella for these national organizations: American Pharmaceutical Association-Academy of Students of Pharmacy (APhA-ASP), National Community Pharmacists Association (NCPA), Christian Pharmacist Fellowship International (CPFI), American Society of Health-System Pharmacists (ASHP), and American College of Clinical Pharmacy (ACCP). Student members of each professional organization elect a liaison to represent their group to the general PILLS membership.

With over 100 student members, PILLS is an active service corps. Members have hosted a Red Cross Blood Drive, conducted blood pressure screening at the University, worked with the local Habitat for Humanity, written over 65 letters to

PILLS hosted the White Coat Ceremony for the first year students. This is a traditional ceremony that kind of initiates the new pharmacy students by "coating" them in their white coat. Jenn Calhoun played the piano for the ceremony, Jenna Weissert welcomed the class, and the other officers and liaisons coated the new class members.



the Center for Medicare Services in response to pending legislation on the Medicare drug benefit, provided drug awareness education programs at local elementary schools, participated in Operation Christmas Child, hosted the Wingate School of Pharmacy White Coat Ceremony for the Class of 2008, and provided continuing education guidance to Wingate University undergraduates. The members provide services to a local indigent care clinic twice a week, work with the local health department to counsel and follow up on the use of folic acid in women of child-bearing ages, and conduct educational programs for asthmatic elementary school students.

Fulfilling the learning and leadership aspect of its mission, 60 PILLS students attended the annual NCAP meeting in 2003 and over 80 attended the meeting in 2004. Members have attended leadership conferences sponsored by NCAP, APhA-ASP, and Phi Lambda Sigma as well as the APhA-ASP mid-year regional meeting in Chapel Hill and the national meeting in Orlando. PILLS students competed in the national ASHP Clinical Skills Competition and the APhA Patient Counseling Competition.



PILLS held a membership drive in September. Each professional organization had a table in the lobby of the pharmacy building where students could easily sign up for membership.

For more PILLS photos, turn to page 12 (back cover).



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The Pharmacy Network Foundation, Inc.

Left to Right: Dean Supernaw, Don Hill (Charlotte), Andy Barrett (Wake Forest), Milton Whaley (Durham), Julian Upchurch (Durham), Mickey Watts (Concord), Dr. McGee (Not pictured: Jimmy Jackson of Garner).

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Integrity Marketing
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Mr. Roy Flynn
Sumter Cut Rate Drugs
Sumter, SC



Donor Spotlight

Marvin and Lavonne Little live in Braselton, Georgia. Marvin is a 1948 alumnus of Wingate, and the Littles have been loyal supporters of Wingate University and the School of Pharmacy. The Littles realize the increased demand for pharmacy education in North Carolina and expect Wingate to play a key role in meeting the demand for pharmacists. Mrs. Little said, "The School of Pharmacy is of great importance to Wingate, and we appreciate that the School of Pharmacy can be of help to so many people."

PILLS provided free blood pressure screening at the Wingate University Homecoming football game in October 2004.



2004 APhA Summer Leadership Institute The executive committee and Christine Farkas, APhA-ASP liaison, attended a leadership conference in Washington DC hosted by APhA-ASP at the end of July 2004. Members enjoyed valuable seminars by day, and exciting tours of the nation's capitol by night.



CAMPUS BOX 3087
WINGATE, NC 28174

Accreditation Update:

Wingate University was approved to award the doctoral degree in pharmacy (Pharm.D.) as a Level 5 institution by the Southern Association of Colleges and Schools – Commission on Colleges (SACS) in 2004. Currently, the Wingate University School of Pharmacy is selecting its third entering class for enrollment in August 2005 and will graduate its first class in May 2007.

The accrediting agency for schools of pharmacy is the Accreditation Council for Pharmacy Education (ACPE). The accreditation process was initiated in 2002, and pre-candidate status was awarded in 2003, and candidate status was awarded in 2004. Full accreditation is anticipated in 2007. This is the normal accreditation process and timeline for all schools of pharmacy. The award of candidate status assures graduates of their eligibility for state licensure in all states and US territories.

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