

Preceptor and Rotation Spotlight – Mansmith/Northwest Iowa Compounding

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Rotations are an opportunity for students to branch out and experience many different aspects the world of pharmacy has to offer. Many students cannot wait to experience something bigger and better than what they have seen throughout their first five years of pharmacy school. Surprisingly, one small Iowa pharmacy has become a growing attraction for pharmacy students. What makes this small town, independent pharmacy a popular place? Why have students decided it is worth the two and a half hour drive from Des Moines



to Emmetsburg, a town with a population of less than 4,000 and not even a Wal-Mart for shopping? What could be exciting and different in a small town independent pharmacy? To start, look at what Mansmith Pharmacy/Northwest Iowa Compounding has to offer. There are three rotations that can be completed at this site: compounding, community pharmacy, and ambulatory. Northwest Iowa Compounding is a small compounding lab that provides bio-identical hormones, hospice care, pain management, and veterinary

medicines. The retail pharmacy has a drive up window and separate counseling area. It offers a "Diabetes Shoppe" section and trains patients in the use of blood sugar monitors and other aspects of diabetes. They also provide care for respiratory patients of all ages with nebulizers, fill about 160 scripts a day, and try to provide good patient care. Some say it is people who make the difference and that seems to be the case with Northwest Iowa

Compounding/Mansmith Pharmacy. Mark and Barb Anliker are both graduates of Drake College of Pharmacy and Health Sciences. They were honored with an award for Preceptors of the Year in 2003-2004. Barb is certified in Pharmaceutical Care for Asthma and Mark is a Disease Manager in Diabetes and certified in immunizations along with Kim Joyce, a staff pharmacist at the site. They are involved in many professional and community organizations as well including Northwest Iowa Pharmacy Associations and Iowa Pharmacy Association. Barb is also involved with Bio-Identical Hormone classes and the Iowa Hospice Association, while Mark participates in APhA and NCPA. They understand that community involvement is a very important part of their lives. Mark and Barb stay involved through their local church, sports boosters, Chamber of Commerce, hospice, a service sorority, and Community Emergency Preparedness Team. When asked about their philosophy, the Anlikers had a lot to say, breaking their philosophies down to four different aspects of being a pharmacist. Their philosophy for practicing pharmacy through Barb's eyes is helping the practitioner and patients to solve treatment problems where commercially available products are not enough or are not available. They run their pharmacy with the following thoughts in mind, "Your care is our only concern" and "It's all about patient care and building relationships with patients." However, being a pharmacist does not stop at practicing pharmacy, they have a philosophy about being a professional in the community. This may mean that the pharmacist is a role model for youth, or helping people in the community feel or get better and when dealing with hospice care. Mark puts it simply, "Be active, be visible, be involved." There are many theories about teaching students effectively, but Mark and Barb seem to have found an easy solution. According to Barb "Students do everything I do except write checks." She encourages students to think outside the box, and tries to instill professionalism in compounding. On the retail side Mark sums his teaching philosophy as

“Hands on - they are involved/drawn into all aspects of the practice - business and therapeutic. We treat them as colleagues, not as students, not as employees, not as cheap labor.” These philosophies are put to work as students improve compounding, problem solving, counseling, and therapeutics skills, and learn more about pharmaceutical care, insurance, PBM issues, management, and thinking outside the box. They do this by spending their time completing projects (20% of student time), filling prescriptions (40%), and with patients (40%) for the community practice rotation. For the compounding rotation student time is broken down into projects (75%), filling prescriptions (15%), and working with patients (10%). Students are asked to counsel patients, help train diabetic patients, assist the pharmacists in the Medicaid Case Managements, Iowa Priority Patient Assessments and billing, learn to compound various dosage forms, and help with Bio-identical hormone class. They also complete projects such as patient information leaflets, computerized inventory control, osteoporosis workshop, diabetes day, writing PDE’s for various products, organize materials in services, and write specific instructions for dosage forms. These projects help Mark and Barb by giving them time to plan and develop areas that they do not have time to do on their own. Projects advance the



profession by increasing patient and professional information. For Barb, the most rewarding part of having students is the close bonds that develop. She is truly interested in students, “I rely on their excellent computer skills.” While Mark enjoys “Seeing students grow in their knowledge and confidence and students staying in touch after rotations and graduation. We try to treat students (if they want to) the way we’d want our own kids treated in the same situation. We include students in family and community activities (if they want to).” Barb says students initially require all her time, then after

meeting competencies she will cut back but she still checks all their work. Mary Howard, a student who completed both the compounding and ambulatory rotations with Mansmith and NWIC, offered her thoughts on this site. She felt this is a good site because there are “excellent preceptors at both Mansmith and NWIC, both are very good teachers and great friends.” Her only criticism would be “being out in the middle of nowhere Iowa.” During her five weeks at NWIC, Mary learned all about compounding and how it applies to pharmacy today. She added, “You learn all sorts of neat tricks that make compounding really fun... the more creative the better.” The Mansmith rotation was mainly dispensing and counseling, and following a couple of Outcomes patients (medical reviews and interviews with the patient). Mary broke down her time at Mansmith as 15% projects, the rest filling prescriptions and working with patients, while at NWIC she felt 90% was filling prescriptions and less than 5% with patients. She was mostly working with her preceptors but sometimes she would be with staff pharmacist, Kim Joyce, either way she felt there was someone there to help her if needed. While Mary was at NWIC, a doctor called asking about magnesium supplements with restless leg syndrome, so she gathered information and put together a brief paper and sent it to the requesting doctor. At Mansmith, outcome medical reviews were the only “projects” she completed. Mary felt she was able to work on her people skills and patients counseling skills at Mansmith and measuring very small quantities accurately, following recipes, compounding and confidence at NWIC. In closing Mary made the following remarks, “It’s a small town community so the pharmacists know almost everyone that comes to the pharmacy, which made things sometimes good and sometimes bad... a lot of phone calls that you probably could answer but the patients have a working relationship already established with the pharmacists so you can get overlooked sometimes.” Okay, so maybe five weeks in the middle of nowhere Iowa can be interesting and beneficial. At least that is the going opinion of this small town pharmacy. Mansmith/NWIC is a place to learn, grow, and develop ones pharmacy skills with two very energetic and appreciative preceptors.