

Faculty: Davis, Jennifer L.

Training Site:

Oregon State University College of Pharmacy, Student Health Center Pharmacy

Status: Active

Not Required

Description:

The clinical programs and direct patient care experience is a longitudinal training experience taking place August through June. The learning experience encompasses pharmacist-driven outreach for medication adherence, diabetes, anticoagulation, and other patient care services.

The resident will collaborate with health care professionals to improve health literacy in culturally diverse and underserved patient populations. The resident will work directly with providers to assure that patients' medication lists are reconciled and therapy is adherent to disease state guidelines and work with patients' to address medication adherence.

Expectation of Learners:**Expected progression of resident responsibility on this learning experience:**

Quarter 1: Focus of the first quarter is to complete patient care plans, develop clinical decision making skills, and begin documenting patient care activities.

Overview of patient care responsibilities: Complete and review patient care plans with preceptor prior to every patient visit. Observe preceptor led patient visits, then be observed during patient visits until resident and preceptor are comfortable with resident leading visits independently. Thereafter, check in with preceptor prior to patient departure from clinic.

Quarter 2: Focus on applying clinical documentation standards for patient care activities, building patient panel and providing appropriate patient education.

Overview of patient care responsibilities: Continue to complete patient care plans for new patient appointments and as determined by preceptor. Continue/begin recruiting patients for chronic disease management (patient panel) and use CDTMs to appropriately adjust medications and order lab monitoring. Focus on patient communication including assessing baseline knowledge and interest for receiving pharmacist education. Begin completing required written drug-information questions (≥ 4 for the year).

Quarter 3: Focus on improving quality of patient care documentation, provider and team communication, and assessing patient progress toward clinical goals.

Overview of patient care responsibilities: Continue to manage patients on panel, actively outreach to patients to ensure continuity of care. Improve on provider communication via EMR through clear/concise SOAP note documentation and cc'd chart notes to team members. Act as clinical pharmacist representative on the primary care team. May begin acting as a preceptor-in-training under supervision of licensed preceptor for APPE students in clinic while using 4 precepting skills.

Quarter 4: Focus on evaluating patient achievement of goals, developing transition plan for panel patients, and training others in the provision of pharmacy care.

Overview of patient care responsibilities: Redesign medication plan based on achievement of clinical goals. Collect and report outcomes data on patient panel. Develop transition plan for all panel patients. Complete

written drug-information questions (≥4 for the year). Practice using 4 precepting skills in working with APPE students in clinic under supervision of licensed preceptor.

Preceptor Interaction:

Daily:

- Beginning of shift - First 30 minutes of the clinic day- discuss patient care activities/ Follow-up on previous day's work
- End of shift - Review patient care activities for the day

Ongoing:

- Throughout the day - Feedback on care plans prior to patient visits and feedback on documentation after completion of patient visits
- Weekly- Check-in regarding performance of patient care activities

Communication:

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- Daily to prepare for patient care activities: Residents to prepare care plans prior to patient visits to discuss recommendations with preceptor.
- EMR inbox messages: To be used for patient care questions. Residents are expected to check inbox messages at least twice a day in the morning and afternoon.
- E-mail: Email to be used for non-patient care questions or follow-up and should be checked at least daily.
- Personal cell phone: Residents must call (no texting) preceptor for urgent/emergency personal situations. Residents may communicate non-urgent situations via text outside of office/clinic hours. Notify pharmacy director and call preceptor by 7am if unable to come to work due to illness or personal emergency.

Evaluation:

What	Who	When	Formative (care plans/visit notes)	Preceptor(s)	Daily	Formative + Formative Self Preceptor,
Resident	See below	Summative	Preceptor	Quarterly, see below	Summative	Self-evaluation Resident
Quarterly	Preceptor, Learning Experience	Resident	Quarterly			

PGY1 summative evaluation schedule for longitudinal rotations- Start in August, Quarterly due by the 15th of the month in October, January, April and June.

PGY1 formative and self- evaluation schedule for learning activities- Formative evaluations have been scheduled in PharmAcademic for the month the activity is assigned. Reminders will be sent to residents and preceptor on the first day of the month, and evaluations must be completed within one week of the activity due date.

1. Care plan
2. SOAP note
3. Patient transition plan

		Activities
Goal R2.1	Establish collaborative professional relationships with other healthcare professionals involved in the care of patients.	
OBJ R2.1.3	(Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with other healthcare professionals involved in the care of patients.	(Q1) Demonstrate respectful interactions with all team members and understand the role each member plays in the care of patients (additional activity Q2) (Q1) During clinic orientation, introduce your self to everyone. (Q2) Actively request feedback from team-members regarding communication preferences and performance on patient care activities, and incorporate into practice.
Goal R2.2	Establish collaborative pharmacist-patient relationships.	
OBJ R2.2.1	(Synthesis) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.	(Q1,3) Demonstrate respect of every patient at all times, both in and out of the exam room. Model patient respect for team members and learners. Patient-pharmacists relationship includes effective communication during visits such as: an introduction of resident (role of resident on medical team & reason for visit with resident), use of open-ended questions to gather patient preferences and opinions about health care and treatment options, discussion of pros/cons of different treatment modalities, recognition of patient autonomy in decision making, and respect for patient skills/ beliefs/ knowledge/ barriers and preferences in health care decision making.
Goal R2.3	Collect and analyze patient information to identify medication or non-medication-related problems.	
OBJ R2.3.1	(Application) Effectively apply appropriate physical assessment skills employed by community pharmacists to secure needed patient-specific information.	(Q1) Complete vital signs (blood pressure/pulse/weight) measurements at every visit. Perform foot exam for diabetic patients when necessary. Check point of care values when appropriate.
OBJ R2.3.2	(Analysis) Collect and organize all patient-specific information (including information from the referring provider, if applicable) needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations in collaboration with other healthcare professionals.	(Q1) Complete patient care plans including all necessary patient related details to make therapeutic decisions
OBJ R2.3.3	(Analysis) Determine the presence of any of the following medication or non-medication problems, including non-adherence, in a patient's current therapy: (1) Medication used with no medical indication (2) Patient has medical conditions for which there is no medication or non-medication therapy prescribed (3) Medication or non-medication therapy prescribed inappropriately for a particular medical condition (4) Immunization regimen is incomplete (5) Current medication therapy regimen contains something inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration) (6) There is therapeutic duplication (7) Medication to which the patient is allergic has been prescribed (8) There are adverse drug or device-related events or potential for such events (9) There are clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions (10) Medication or non-medication therapy has been affected by social, recreational, or nontraditional drug use by the patient or others (11) Patient not receiving full benefit of prescribed medication or non-medication therapy (12) There are problems arising from the financial impact of medication or non-medication therapy on the patient (13) Patient lacks understanding of medication or non-medication therapy (14) Patient not adhering to medication or non-medication therapy regimen (15) Other problems not listed above.	(Q3) Accurately assess and report MRPs identified at patient visits.

OBJ R2.3.4	(Analysis) Based on an analysis of the comprehensive patient information, prioritize a patient's healthcare needs.	(Q1,3) Complete patient care plans to prioritize all healthcare needs
Goal R2.4	Design comprehensive evidence-based medication or non-medication, health improvement, wellness, and/or disease prevention regimens for patients.	
OBJ R2.4.1	(Synthesis) Specify therapeutic goals, compatible with long-term management of the patient, incorporating the principles of evidence-based medicine that integrate patient-specific data; disease, medication and non-medication-specific information; ethics; and quality-of-life considerations.	(Q1) Complete patient care plans including all goals for identified medical problems using evidence based guidelines.
OBJ R2.4.2	(Synthesis) Design a patient-centered regimen, including any necessary referrals, compatible with long-term management of a patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease, medication and nonmedication-specific information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.	(Q1) Complete patient care plans using patient details and therapeutic goals to assess current regimen, offer options to change/maximize therapy and lifestyle, and evaluate all options based on patient-specific details including co-morbidities, preferences and costs.
Goal R2.5	Design evidence-based monitoring plans for patients.	
OBJ R2.5.1	(Synthesis) Design a patient-centered, evidenced-based monitoring plan for a patient's medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.	(Q1) Complete patient care plans with details for monitoring medical problems, medication therapy for safety and efficacy, include patient-related goals for wellness. Monitoring plans must be derived from manufacturer or guideline recommendations, as well as patient-specific details including co-morbidities and expense.
Goal R2.6	Design patient education for a patient's regimen and monitoring plan.	
OBJ R2.6.1	(Analysis) For a specific patient accurately identify what pharmacist delivered education will be essential to the patient and/or the caregiver understanding of the patient's therapeutic plan, how to adhere to it, and the importance of adherence.	(Q2) Assess baseline knowledge of disease states, lifestyle management, and medication use through open ended questions. Inquire about questions, concerns, barriers and educational needs of each patient.
OBJ R2.6.2	(Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific patient including, but not limited to, providing a comprehensive list of the patient's medications, information on medication and/or non-medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.	(Q2) Provide education to reinforce current knowledge, correct misinformation, or supply missing information regarding disease states, lifestyle choices, and medication regimens with priority on patient reported preferences/needs. If applicable, supply written or visual educational materials, including a comprehensive medication list.
Goal R2.7	Recommend or communicate regimens and monitoring plans for patients.	
OBJ R2.7.1	(Application) Recommend or communicate a patient-centered, evidence-based, medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to patients and other healthcare professionals in a way that is systematic, logical, accurate, timely, and secures consensus from the patient and other healthcare professionals.	(Q3) CC'd chart notes to referring provider with brief overview of visit and any concerns encountered. (Q3) SOAP note assessment and plan section of visit documentation follows clinic standards. Note is complete and concise.
Goal R2.8	Implement regimens, monitoring plans, and provide patient education for patients.	
OBJ R2.8.1	(Application) When appropriate, order or conduct tests according to the organization's policies and procedures.	(Q2) Order labs according to CDTM protocols per provider referrals and patient need for safety or efficacy monitoring.
OBJ R2.8.2	(Application) Use effective patient education techniques to provide and evaluate the effectiveness of the patient education designed to meet the patients' needs and empower patients to become active participants in their care.	(Q2) Use teach-back method for all education and instruction provided.
OBJ R2.8.4	(Application) When permissible, prescribe, administer, and/or monitor medications under collaborative practice agreements.	(Q2) Order medications according to CDTM protocols per provider referrals and patient need to achieve therapeutic goals.

OBJ R2.8.5	(Application) Use a working knowledge of the organization's referral process to make any necessary patient referrals.	(Q2) Refer patient to necessary services including CDE, behavioral health, social work, nurse care management, and/or primary care provider for patient care concerns outside of pharmacy protocols.
Goal R2.9	Evaluate patients' progress and redesign regimens and monitoring plans.	
OBJ R2.9.1	(Evaluation) Accurately assess the patient's progress toward the specified therapeutic goal(s) using all available information including information from referrals.	(Q3) SOAP note assessments include use of EMR and/or review of outside records to determine achievement of therapeutic goals.
OBJ R2.9.2	(Synthesis) Redesign a patient-centered, evidence-based medication and/or non-medication, health improvement, wellness, and/or disease prevention regimen and/or corresponding monitoring plan, as necessary, based on evaluation of monitoring data and outcomes.	(Q3) SOAP note assessment includes recommendations for modifications in drug therapy, lifestyle management, and preventative care plans to improve clinical outcomes in order to achieve therapeutic goals.
Goal R2.10	Communicate ongoing patient information to other healthcare professionals.	
OBJ R2.10.1	(Application) Communicate accurate, timely, and pertinent medication and/or non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s) when transferring a patient from one health care setting to another.	(Q4) Develop transition plan for all patients at the end of the residency year (to PCP, to RN, stay with CPS, etc.)
OBJ R2.10.2	(Application) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.	(Q1, 2, 3,4) Monitor patients for adverse events and understand when it's necessary to refer patient to clinician.
Goal R2.11	Document patient care activities appropriately.	
OBJ R2.11.1	(Analysis) Appropriately select patient-care activities for documentation.	(Q1) Document all patient care activities in EMR according to type of encounter (ancillary services, interim, telephone, refill request, etc).
OBJ R2.11.2	(Application) Use effective and efficient communication practices when documenting a patient-care activity.	(Q1,2) SOAP note documentation follows site standards.
OBJ R2.11.3	(Application) Record patient outcomes according to the organization's policies and procedures.	(Q2,4) Add all chronic disease management patients to designated patient panel list in EMR. Report baseline and most recent clinical outcome measure for patient panel at the mid-point and year-end review.
Goal R3.1	Exhibit essential personal skills of a practice leader.	
OBJ R3.1.5	(Organization) Choose and manage daily activities so that they fulfill practice responsibilities and place an appropriate priority on the delivery of patient-centered care	(Q1,2,3,4) Prioritize patient care activities over other assignments. Conduct daily/weekly self-assessments of timely completion of patient care duties.
Goal R5.1	Provide effective medication and practice-related education and/or training to groups of patients, groups of caregivers, healthcare professionals, student pharmacists, and the public.	
OBJ R5.1.3	(Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).	(Q3-4) Co-precept APPE students in clinic. Provide direct instruction pertaining to clinic documentation & rotation expectations. Model patient care and documentation activities. Coach students in care plan development & patient care visits. Facilitate student self-reflection on performance in patient care visits & preparation.
Goal R5.2	Provide concise, applicable, comprehensive, evidence-based, and timely responses to requests for drug information from health care providers and patients.	
OBJ R5.2.1	(Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information.	(Q1) Respond to team, patient or family requests for drug information, and document question and response and save in DI file at site on a timely basis. (Q2,4) Written patient-centered drug information questions (#4). Clarify question and background information needed to formulate a response prior to developing a search strategy.

OBJ R5.2.2	(Synthesis) For drug information requests that can be met by drawing upon one's memory, provide appropriate, evidence-based responses.	(Q1) Respond to team, patient or family requests for drug information, and document question and response and save in DI file at site on a timely basis. (Q2,4) All drug information responses provided by the resident must be evidence-based and incorporate patient specific information. Until authorized, discuss drug information questions that can be answered from memory with clinic preceptor to evaluate appropriateness prior to response.
OBJ R5.2.5	(Synthesis) When a drug information request requires further evaluation of the literature, provide evidence-based responses to drug information requests based on that evaluation.	(Q1) Respond to team, patient or family requests for drug information, and document question and response and save in DI file at site on a timely basis. (Q2,4) Written patient-centered drug information questions (#4). Conduct thorough, efficient literature review to identify pertinent reference. Provide written response to provider incorporating evidence based literature and patient details.

Evaluations:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed