Applying the Pharmacists’ Patient Care Process in Introductory Pharmacy Practice Experiences: An Outcome of Curricular Revision

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After the Joint Commission of Pharmacy Practitioners put forth the Pharmacists’ Patient Care Process (PPCP) in May 2014, faculty at The Ohio State University College of Pharmacy (OSU COP) integrated the process into the doctor of pharmacy curriculum. Historically, the PPCP was introduced into the didactic curriculum during the second year, with experiences to follow on Introductory and Advanced Pharmacy Practice Experience (IPPE & APPE) courses. In August 2016, OSU COP launched a new curriculum, resulting in the introduction of the PPCP earlier and creating intentional and meaningful PPCP experiences for IPPE and APPE students. The ultimate goal of these experiences is to provide the students real-life exposure to the PPCP and refine the skills necessary to use the process prior to graduation. The purpose of this article is to describe these meaningful first- through third-year PPCP IPPE experiences at OSU COP.

First-Year PharmD (P1) IPPE Course

Students complete a total of 65 hours in a community pharmacy setting during their P1 year. They are assigned to one pharmacy site and preceptor for the duration of the experience. To guide the experience, each student completes a packet containing a checklist of activities and several required worksheets. One activity is the “Pharmacists’ Patient Care Process” worksheet, incorporated as a product of the new curriculum. First, the student and preceptor review the PPCP together, and then the student independently completes the required worksheet and reviews with the preceptor. Students describe two experiences they have had involving the PPCP. For each experience, students must specifically explain how each step of the process was applied. Additionally, students reflect on how documentation in the community setting differs from other settings.

The purpose of this P1 activity is to provide students the opportunity to apply the PPCP to two real-life experiences and build a strong PPCP foundation prior to the application of therapeutic knowledge.

Once the IPPE course is completed, students submit the worksheets to the Experiential Team. These worksheets are reviewed by faculty who taught the PPCP and/or experiential faculty to assess the students’ levels of understanding. Any concerns identified will be incorporated into future didactic course work as well as addressed with the student directly.

Second-Year PharmD (P2) IPPE Course

During the P2 year, students complete 60 hours in the institutional health-system setting. These hours are split into two inpatient experiences: medication reconciliation and an intensive clinical experience.

The first 20 hours focus on medication reconciliation. The experience lasts five consecutive weeks, and students work with the clinical team, including pharmacy, medicine and nursing colleagues. During this experience the students walk through the PPCP as it applies to this setting. First, the student and preceptor review the PPCP together, and then the student independently completes the required worksheet and reviews with the preceptor. Students describe two experiences they have had involving the PPCP. For each experience, students must specifically explain how each step of the process was applied. Additionally, students reflect on how documentation in the community setting differs from other settings.

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monitor the patients who are still admitted and continuously apply the process as necessary. Students then return for a 40-hour intensive week. During this week, students are paired with a clinical pharmacist and experience “life as a pharmacist” as they actively participate in rounds, attend multidisciplinary topic discussions, and complete clinical coverage and work up for patients on their assigned inpatient service.

As a recent addition with the new curriculum, students will be utilizing a newly created patient experience document to follow three different patients through the PPCP. This tool allows for students to delineate between the different steps in the process, allowing for further comprehension and real world experiences. As students review their patients with their preceptor throughout the experience, they will have multiple opportunities to receive feedback along with reaffirmation of their progression through the PPCP process.

In addition to formative feedback, students receive summative preceptor feedback at the conclusion of the experience. Likewise, students evaluate their preceptor, the site, and their experience. This information along with arranged focus group sessions following the experience, provides the program manager and preceptors an opportunity to continually evaluate the experience in order to provide meaningful PPCP-focused education for students.

As a result of the continuous quality improvement (CQI) process for IPPEs, this experience started as a pilot and has grown to three clinical areas with double the number of students. Future plans include the growth of locations and preceptors, along with inclusion of P3 students.

**Third-Year PharmD (P3) IPPE Course**

P3 students complete a total of 40 hours in a community pharmacy setting, 16 hours in an ambulatory care site, and 40 hours in the institutional health-system setting. They are assigned to one pharmacy site and preceptor for each setting.

With the new curriculum only in its first year, planning is underway for PPCP-focused experiences for the P3 IPPE experiences. This will include required worksheets which will build on the foundation of the first two years. Any lessons learned from the P1 and P2 years will be incorporated into these specific experiences.

P3 institutional IPPE courses offer more freedom, as students select from different clinical experiences. Opportunities include advanced medication reconciliation, clinical rounding, and third shift observation. During these experiences students are given more autonomy under the supervision of a preceptor and build on their PPCP foundation. Both formative and summative student feedback are provided by preceptors to aid in student preparation for APPE courses.

**Training**

Preceptor training for P1 and P3 IPPE courses, developed by the experiential team, is disseminated through a webinar and onsite preceptor visits. A PPCP document explaining the process is included in the worksheet packet so that the preceptor may review if they choose. For the P2 IPPE medication reconciliation experience, training takes place during bimonthly meetings with the program manager and the core preceptor group. For the P2 IPPE intensive clinical experience, training occurs onsite prior to the students’ arrival. Additionally, webinars are offered to supplement these sessions. All training includes a PPCP component. Finally, OSU COP places a program manager at the institution when these clinical experiences take place.

While unique in approach, these experiences could easily be replicated at other schools or colleges of pharmacy. Rather than create new courses, OSU COP revised current courses to more fully integrate the PPCP process by making meaningful use of the experiences the students already have. Other schools or colleges of pharmacy interested in better integrating the PPCP can utilize a similar process.

In conclusion, the curricular revision process has allowed experiential faculty at OSU COP to examine current IPPE PPCP course experiences, resulting in the development of intentional and meaningful experiences for students. PPCP-focused feedback is provided for constructive growth, and CQI is applied to continuously improve the experiences for future students.
Applying Entrustable Professional Activities to Assess the Pharmacists’ Patient Care Process in Advanced Experiential Education

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**Objectives**: As students learn the components of the Pharmacists’ Patient Care Process (PPCP) in the didactic curriculum at the University of Minnesota College of Pharmacy, there is a need to consistently assess the application of this process in practice in experiential education. The objective of this work is to describe our experience in applying entrustable professional activities (EPAs) to assess the patient care process of students by preceptors in advanced pharmacy practice experiences (APPEs).

**Design/Methods**: Students receive foundational exposure to the PPCP in their first didactic year, and through application of the process to patient cases in skills lab throughout the curriculum. However, this framework was not previously explicitly applied to the experiential education curriculum and experiential assessment.

As part of a larger curricular redesign, the Practice Section of the College, comprised of faculty across departments who either work directly in clinical practice or work closely with practice, has led the revision of the experiential curriculum. This group, together with the Office of Experiential Education and community preceptors, developed a set of 14 overall APPE outcomes. These outcomes were developed considering the College’s mission of creating generalist practitioners and were intended to reflect critical skills independent of clinical setting.

At the time of the curricular revision, growing awareness of EPAs led the group to develop an EPA framework to assess student performance on patient care APPE rotations. The content of the 14 patient care outcomes was adapted into EPAs to match this new approach, resulting in 11 universal EPAs. These EPAs were termed “universal” because of their necessity for any patient care practice. The initial 14 outcomes were not intentionally mapped to the PPCP, but the resultant EPAs are closely aligned with the PPCP. Consistent with the purpose of EPAs to translate competencies into units of practice that most EPAs require multiple competencies to successfully complete, some of the universal EPAs require multiple components of the PPCP in order to be completed. For example, successful attainment of EPA 1 (see table) would require skills in both the “collect” and “assess” component of the PPCP. It was felt to include each step individually would be duplicative and overwhelming. This concept of having fewer more encompassing EPAs has also been endorsed in the EPA literature.

In addition to universal EPAs, setting-specific EPAs were established for acute care, institutional practice, ambulatory care, and community pharmacy. For each EPA, five performance levels were written where the lowest represents observation only and the highest represents overseeing other learners. Preceptors and faculty across areas of practice worked together to set minimum expected performance levels for each EPA at each of four curricular milestones for both universal and setting-specific EPAs. Preceptors have been important contributors to the EPA development from the beginning and were asked to consider the PPCP during leveling and calibration stages of the process.

Finally, several forms of an EPA-based rubric were piloted with APPE preceptors to assess understanding and ease of use.

**Assessment/Results**: The resulting rubric incorporates the universal and setting-specific EPAs by rotation type, and has been used with students completing acute care/institutional, community pharmacy, ambulatory care, and patient care electives since May 2016. Web-based preceptor training was instituted to address the concept of EPAs, use of the rubric, and how to assess example cases. Ongoing focus groups have been conducted with preceptors to evaluate the set-points for the rubric and general feedback on their applicability to practice. Generally, preceptors have agreed with the

### Patient Care Process Component | Universal EPA

| Collect and Assess | EPA 1: Assess the pathophysiology of a patient’s disease states/conditions. EPA 2: Assess the patient’s past medical history, medication history and experience, and allergy history. EPA 3: Assess a patient’s current medication regimen to ensure medications are indicated, effective, safe, and convenient. |
| Plan and Implement | EPA 4: Develop a patient-centered therapeutic plan. |
| Patient-Centered Care: Document, Communicate, and Collaborate | EPA 5: Documentation of a patient-centered therapeutic plan, and other patient-specific clinical information. EPA 8: Work with interprofessional care team members. EPA 9: Incorporate the medical literature to provide evidence-based supported best practice clinical care. EPA 10: Provide drug information using appropriate drug information resources. EPA 11: Provide effective oral communication with the patient and other health care providers. |
requirements set, but some ambulatory care and acute care preceptors have recommended lowering minimum expectations for some EPAs. There has been no change in rates of student failure across rotations thus far. Evaluation from the perspective of student performance, and student and preceptor feedback is ongoing.

Conclusions/Implications: As schools and colleges of pharmacy look for ways to incorporate the PPCP and increase continuity between didactic and experiential curriculum, EPAs focused on the PPCP may better allow preceptors to assess the application of these skills in practice. The 2016-2017 AACP Academic Affairs committee is charged with mapping the AACP Core EPAs for New Graduate list to CAPE and PPCP, as well as providing preceptor development recommendations.

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<tr>
<th>Level of Entrustment</th>
<th>EPA Level Description</th>
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<tr>
<td><strong>Level 1</strong></td>
<td>I trust the learner, with specific direction and direct supervision, to initiate a preliminary assessment of common conditions. The learner requires significant correction for performance improvement.</td>
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<tr>
<td><strong>Level 2</strong></td>
<td>I trust the learner, with direct supervision and frequent correction, to assess common chronic conditions. The learner accepts feedback for performance improvement.</td>
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<td><strong>Level 3</strong></td>
<td>I trust the learner, with limited correction, to assess common chronic conditions. The learner is self-directed and seeks guidance as necessary.</td>
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<td><strong>Level 4</strong></td>
<td>I trust the learner to completely and accurately assess common chronic conditions as an independent practitioner (upon licensure).</td>
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<tr>
<td><strong>Level 5</strong></td>
<td>I trust that the learner has mastered the ability to completely and accurately assess common conditions as an independent practitioner (upon licensure). The learner is qualified to give meaningful feedback to other learners.</td>
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"Genius without education is like silver in the mine."
- Benjamin Franklin.

“We are what we repeatedly do. Excellence, therefore, is not an act but a habit”
- Aristotle

“If your actions inspire others to dream more, learn more, do more and become more, you are a leader”.
- John Quincy Adams

“You treat a disease, you win, you lose. You treat a person, I guarantee you, you’ll win, no matter what the outcome.”
- Patch Adams

“Your most unhappy customers are your greatest source of learning.”
- Bill Gates

“It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.”
- Charles Darwin

<table>
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<tr>
<th>2016 Master Preceptor Recognition Program Recipients</th>
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<tbody>
<tr>
<td><strong>Sharya Bourdet</strong>, PharmD, BCPS, University of California, San Francisco School of Pharmacy</td>
</tr>
<tr>
<td><strong>Joshua Breeding</strong>, PharmD, BCPS, University of Minnesota College of Pharmacy</td>
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<tr>
<td><strong>Jennifer Buxton</strong>, PharmD, FASHIP, CPP, Wingate University School of Pharmacy</td>
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<tr>
<td><strong>Michael Hule</strong>, PharmD, BCPP, University of Missouri-Kansas City School of Pharmacy</td>
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<td><strong>Peter Mbi</strong>, PhD, PharmD, University of Maryland School of Pharmacy</td>
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<tr>
<td><strong>Sue Miller</strong>, PharmD, Pacific University Oregon School of Pharmacy</td>
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<tr>
<td><strong>William Peppard</strong>, PharmD, BCPS, University of Wisconsin-Madison School of Pharmacy</td>
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Nominations for 2017 are due by **Friday, January 13**! 
http://www.aacp.org/career/awards/Pages/MasterPreceptorRecognitionProgram.aspx

Resources

The Perfect PaCE: The Pharmacists’ Patient Care Process in an Integrated Patient Care Laboratory/Experiential Education Course

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University of Kentucky College of Pharmacy

The University of Kentucky College of Pharmacy (College) recently completed a curricular reform process for the Doctor of Pharmacy program beginning with the Class of 2020. The re-engineered program focuses on an active learning (e.g., “flipped classroom”) approach and more horizontally integrated courses. The timing of the development of the Pharmacists’ Patient Care Process (PPCP) in 2014, Standards 2016, and the College’s new curriculum led to an opportunity to prospectively integrate the PPCP and design consistency among multiple courses “from the ground up” with engagement of the entire faculty throughout the four-year professional program.

The College created several opportunities for introduction, reinforcement, and application of the PPCP throughout the new curriculum. Clinical Reasoning is a didactic course in the fall semester of Professional Year 1 (PY1) that “introduces students to the Pharmacists’ Patient Care Process as an anchor that students can apply to any drug-related problem throughout the curriculum.” Further reinforcement of the PPCP occurs within the Integrated Drugs and Disease course sequence in the Spring PY1 through Spring PY3 semesters allowing student pharmacists the opportunity to apply the PPCP to specific disease states and conditions through case-based activities.

The College’s new curriculum significantly reformed the patient care laboratory and pre-APPE experiential education courses by integrating simulated laboratories with longitudinal Introductory Pharmacy Practice Experiences (IPPEs) into a new six-semester course sequence entitled Patient-centered Care Experience (PaCE). The objective of this manuscript is to describe the implementation of the PPCP into the PaCE course sequence.

The simulated laboratory experience within PaCE is designed to provide student pharmacists with a didactic introduction to the PPCP and multiple practice opportunities that integrate with required experiential coursework. These experiences are designed based on competency objectives tied to specific learning outcomes. These competency statements are translated into “I can” statements (e.g. I can counsel a patient on a new prescription) that increase in difficulty throughout the six semesters of PaCE. Much like the experiential component, student pharmacists are required to progress in employing the PPCP from a simple patient and simple problem, to complex patients and complex problems. For example, student pharmacists are taught and required to practice the PPCP in completing a self-care encounter with a simple patient and problem in the first semester of the sequence.

Initial experiential education activities begin in the Fall PY1 semester with two complementary experiences called Ambulatory and Institutional Fieldwork embedded in the PaCE sequence. During the Fieldwork sessions, student pharmacists are divided into groups of 2-4 to visit both an ambulatory and institutional pharmacy for one hour each. The primary learning objectives for both settings are to describe the flow of orders through the pharmacy, describe the role of a pharmacist and technician, and identify and align patient care activities performed in the medication use system to the PPCP. Building on and reinforcing the concepts taught in the simulated portion of PaCE, student pharmacists submit a reflective assignment aligning the observed patient care activities to the PPCP after completion of the Fieldwork experiences.

The Fall PY1 Fieldwork culminates in a facilitated debriefing session allowing student pharmacists an opportunity to discuss the role of the pharmacist and technician in both ambulatory and institutional settings, emphasizing how the pharmacists’ patient care activities align with the PPCP regardless of the setting. Additional Fieldwork sessions are planned for Spring PY1 to further reinforce the PPCP. Work is ongoing to create longitudinal IPPE opportunities pairing PY2-PY3 student pharmacists with APPE students. The hope is that earlier, longitudinal clinical experiences will enrich the student pharmacists’ understanding of the PPCP and will also provide context for content being taught in the didactic classroom portion of the curriculum.

Student learning of the PPCP will be assessed in PaCE via a variety of methods. In the simulated laboratory experience, student understanding of the PPCP will be assessed by simulated patient interactions, medication use environments, and objective structured clinical exams (OSCEs). Students are required to apply the concepts of the PPCP in multiple situations with increased complexity throughout the PaCE sequence.

The Fieldwork reflective assignments will be assessed to determine the student pharmacist’s ability to appropriately align the observed patient care activities with the correct steps of the PPCP. A scoring rubric has been developed and is currently being utilized to grade the reflective assignments. The pooled data obtained via the rubric will permit quantification of the degree to which the Fieldwork experiences provide opportunities for students to observe the various steps of the PPCP. Likewise, the debriefing sessions will allow facilitators to subjectively assess whether student pharmacists are grasping the steps of the PPCP and determine areas that need additional reinforcement within simulated PaCE. This continuous feedback loop between the simulated and experiential portions of PaCE will allow customization of future learning activities. A subsequent objective assessment asking
student pharmacists to appropriately align the observed areas from their fall Fieldwork activities with the appropriate steps in the PPCP will be administered early in the Spring PY1 PaCE course to provide further reinforcement of the PPCP in ambulatory and institutional pharmacy practice.

In addition to the College’s efforts to integrate the PPCP into the new didactic, simulated, and experiential courses, the Office of Experiential Education will be focusing preceptor development activities for 2017 on the PPCP. Specific activities include continuing education programs to introduce the PPCP and provide case-based examples of implementation of the PPCP into pharmacy practice. Venues for these preceptor development activities include presentations at local pharmacy professional associations’ annual meetings and through recorded web-based events. Educating preceptors reinforces the common language that can be used to discuss student progress in the PPCP and more easily determine areas for student remediation, if needed. Furthermore, specific professional activities focused on how to teach and reinforce the PPCP to student pharmacists on IPPE and APPE rotations will be developed for preceptors.

The PPCP provides a common language for each course to illustrate how its coursework relates to pharmacy practice and creates an opportunity for student pharmacists to receive richer feedback by contextualizing within the construct of pharmacy practice. Thus, we have an unprecedented opportunity to provide each student pharmacist with a global picture of their competency in the various facets of pharmacy practice through PaCE and APPEs. We hope this will yield differentiated graduates that can confidently recognize, justify and fulfill their pharmacist roles in any healthcare setting.


Editor’s Column:

“Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers, within patient-centered team-based health care.”

- The Joint Commission of Pharmacy Practitioners (JCPP) Vision

The JCPP is a working group made up of representatives from national pharmacy organizations. It was established in 1977 to serve as a forum for issues of common interest among pharmacy practitioners.

The JCPP recognized the paradigm shift in pharmacy practice from a product focus to a patient focus. The Pharmacists’ Patient Care Process (PCPP) was developed utilizing a variety of foundational pharmaceutical care and medication therapy management resources and describes a consistent process of care to ensure successful attainment and measurement of patient care services and outcomes.

All health professions except for pharmacy have a consistent way of caring for patients to ensure optimal patient outcomes. Why is this important? When you fly domestic or international from Baltimore or New York City, the check-in process is the same. Why is that? To ensure traveler safety and safe arrival at one’s destination. This travel analogy can be applied to pharmacy practice. Regardless of patient setting or situation, the approach to patient care should be the same for all patients from all practitioners in order to ensure optimal patient safety outcomes. Of note, the PPCP does not describe a ‘new’ way of patient care but documents a patient-centered process for teaching soon to be pharmacists as well as ensuring consistent practice among existing pharmacy practitioners regardless of practice setting.

There are 5 key steps to the PCPP: Collect, Assess, Plan, Implement, and Follow-up. Throughout all of these steps, the PPCP emphasizes the importance of the patient/provider relationship, collaboration and communication with other health care professionals, and documentation.

As schools/colleges of pharmacy, we strive to provide a quality education to our students which include providing challenging, diverse, innovative, and exceptional didactic and experiential learning opportunities. The Accreditation Council for Pharmacy Education emphasizes in Standards 2016 the importance of integrating the PPCP into pharmacy curricula, however, they do not dictate how this must be done. In this edition of the newsletter, three articles provide some insight into how to integrate the PPCP across the three major curricular areas: didactic courses, Introductory Pharmacy Practice Experiences, and Advanced Pharmacy Practice Experiences.

The article by Divine and colleagues from the University of Kentucky College of Pharmacy, discusses their curricular redesign and how they prospectively integrated the PPCP in multiple courses “from the ground up” with engagement of the faculty throughout the four-year professional program. The article by Porter and colleagues at The Ohio State University College of Pharmacy, describes how they are applying the PPCP in Introductory Pharmacy Practice Experiences. Finally, the article by Pittenger and colleagues describes how the University of Minnesota College of Pharmacy is applying entrustable professional activities to consistently assess the application of the PPCP in Advanced Pharmacy Practice Experiences.

“Consistent Action Creates Consistent Results” – Christine Kane

| Special thanks to the AACP Experiential Education Section Newsletter Committee: |
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