



Skaggs School of Pharmacy
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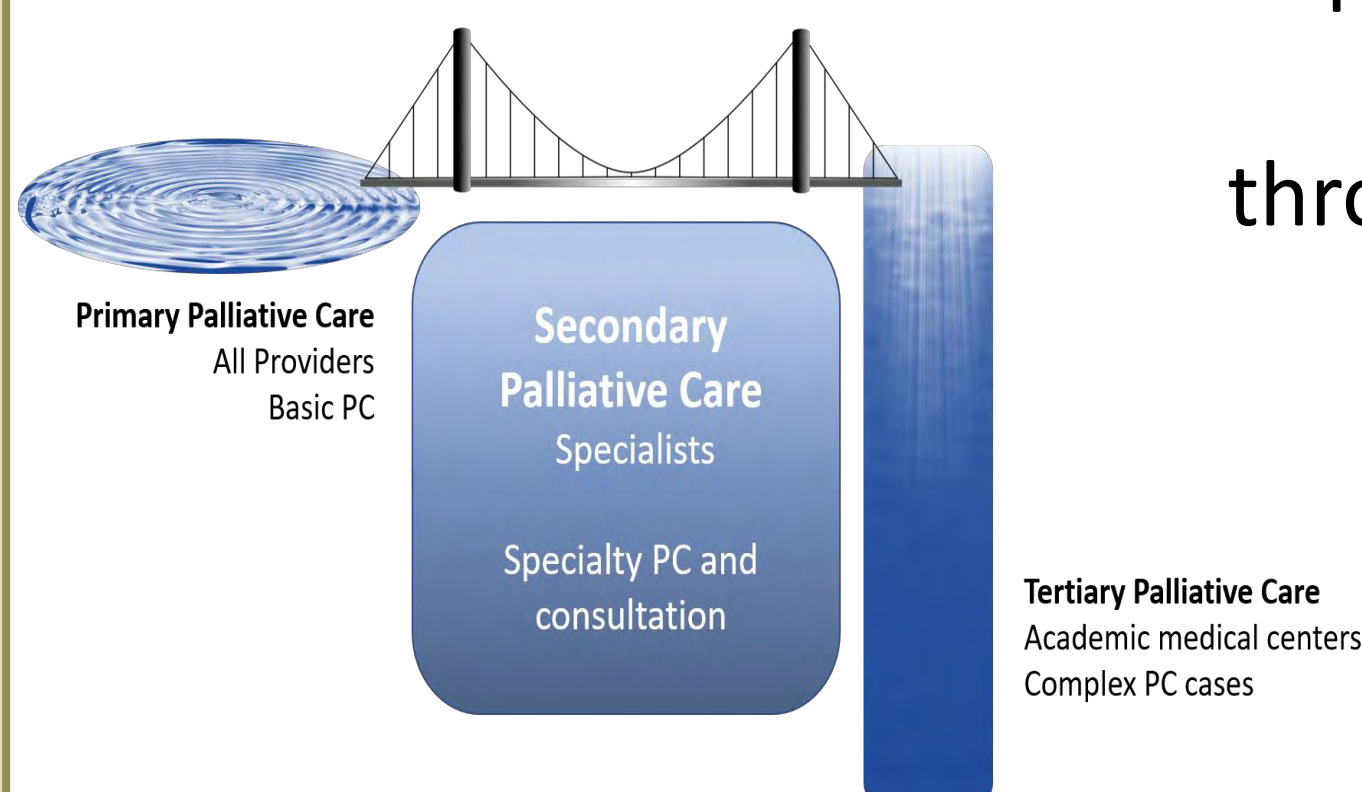
The “Pharmacy Pearl”: Integrating pharmacy into an interprofessional Master of Science in Palliative Care (MSPC) Program

Shaun E. Gleason, PharmD, MGS; Kristin Speer, PharmD; F. Amos Bailey, MD, FACP FAAHPM; Regina M. Fink, PhD, APRN, AOCN, CHPN, FAAN
University of Colorado School of Medicine, College of Nursing,
Skaggs School of Pharmacy & Pharmaceutical Sciences

BACKGROUND

Quality palliative care (PC) in global communities is scarce.

- The MSPC program, launched AY 2016-17, aims to bridge this gap, through professional education of biomedical and all health professionals in broad-based palliative care skills.



- Pharmacists’ roles** in palliative care are growing, but pharmacists are not yet consistently part of PC interdisciplinary teams (IDT). Therefore, contributions vary.

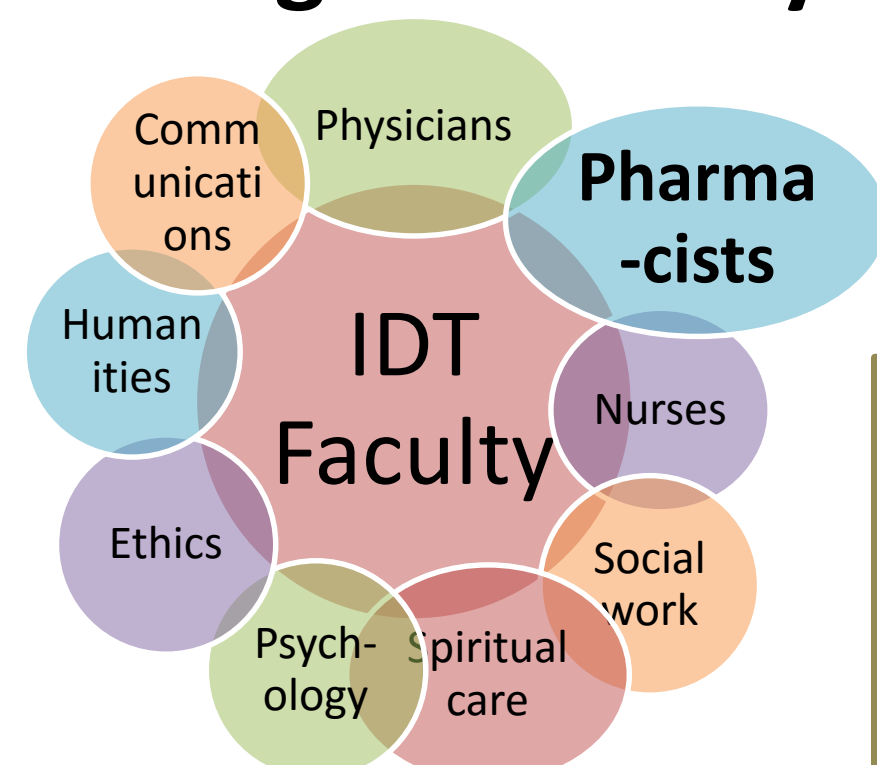
Program design

- Hybrid delivery:** Online with onsite intensives
- Faculty and students:** PharmD/RPhs, RN/NP/DNPs, PAs, & MD/DOs, social work, psychology, and spiritual care
- Case-based** problem-solving using pt/ family/ provider scenarios
- Curriculum woven:** Pairs **biomedical** and psycho-social-spiritual-ethical modules
- Communication skills:** live practicum with standardized patients
- Interprofessional** teamwork activities and assignments

CURRICULUM

FIRST YEAR		
SEMESTER 1	SEMESTER 2	SEMESTER 3
Core concepts & communication	IDT care: non-pain symptoms A	Communication skills - live
Basic pain assessment & mgmt	IDT care: non-pain symptoms B	Adv illness - spcl settings A
SECOND YEAR		
SEMESTER 1	SEMESTER 2	SEMESTER 3
Systems thinking – Capstone prep	Adv illness - spcl settings C	PC in community
Adv illness - spcl settings B	Adv concepts in pain (Biomedical)	Master’s capstone

Program faculty



- Pharmacy’s initial role (Semester 1):** Lesson planning, content review and modification

Past data

- Students had low perceived PC skill on medication-related issues
These program evaluation data are not generalizable.

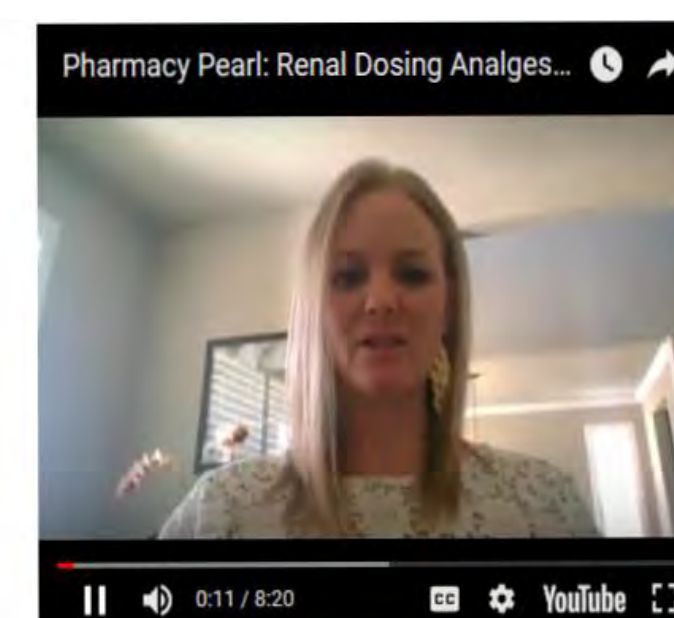
OBJECTIVES

- To assess the “pharmacy pearl” in introducing pharmacy’s role in an interprofessional MSPC program
- To identify potential future roles for pharmacy in the program

METHODS

“Pharmacy Pearl”

- Introduced in Semester 2 of program (5 semesters completed to date)
- ~5 min. brief video recordings on pharmacy-related topic
- Topics chosen *primarily* by other practitioners’ questions and suggestions. Pharmacist recommendation.
- Not directly assessed
- Aligned with adult learning principles:**
 - Build on* module’s topic
 - Oriented to future practice
 - ✓ Relevant
 - ✓ Applicable



Assessment

- Pharmacy pearls:** Multiple factors assessed:
 - Percent inclusion in module topics
 - Topic categories
 - Subjective tally of number and topic areas where further pharmacy opportunities exist.
- Success as course content**
 - Course evaluations – overall and pharmacy instructors
- Student learning:** mean final course grades (%)

RESULTS - 1

STUDENT LEARNING and Course PERCEPTION

- Student mix:** N=32 (Pharmacists=2, nurses=20, PAs=4, MDs=4, allied health=2)
- Student learning:** 10 courses, course mean = 92.0%
- Course evaluations** (10 courses; 5=positive)
Mean=4.64 (50.3% mean response)
- Pharmacists’ evaluations** (5 courses; 5=positive; 3 applicable questions):
Mean=4.83; (80.45 % mean response)

RESULTS - 2

Pharmacy presence	Sem. 1 (Content review)	Semesters 2-5 (Pearls)
Pharmacy presence in # of modules	4/16 or 25%	30/72 or 41.7 %

Pharmacy Pearl topics	# Modules
Therapeutic use	10
Medication choice/alternate therapies	5
Medication review	4
Dosing	4
Adverse effects / drug-drug interaction	2
Routes of administration (*1 also pt educ)	2*
Pharmacy administration	2
Pharmacology / pharmacokinetics	1



Discussion / Implications

Pharmacy Opportunities	# Modules
Patient / Family / Provider education	17
Medication expertise (combo of multiple categories from above)	23
Pharmacy administration	9

- Pharmacy pearls** have been a successful pedagogical method for introducing Pharmacy’s role to an interprofessional MS Palliative Care program.
- To date, pharmacy’s role in the program has been **traditional**, ie medication consult expertise.
- Along with additional medication expertise, greater information on **pharmacist-provided direct patient care roles**, including patient/family/provider education and IDT participation, could offer enhanced pharmacy support and profession awareness to the program and its students.
- Limitations:** Assessment of topics was subjective, from a non-PC practitioner.
- Future plans:** Re-assess students’ PC skills; assess perceptions of pharmacy PC roles and program involvement; begin pharmacist faculty member / clinic role.