Integrating the Pharmacists’ Patient Care Process into your Practice

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Disclosure/Conflict of Interest

I, Erika L. Kleppinger, have no actual or potential conflict of interest in relation to this program.

Copyright permission was obtained from the Joint Commission of Pharmacy Practitioners for use of the Pharmacists’ Patient Care Process diagram in this presentation.
OBJECTIVES

1. Describe the Pharmacists’ Patient Care Process and how to implement the steps in various practice settings.

2. Discuss the importance of incorporating the Pharmacists’ Patient Care Process into introductory and advanced pharmacy practice experiences.

3. List five opportunities to highlight components of the Pharmacists’ Patient Care Process in experiential activities.

4. Develop ideas for innovative student clerkship activities which incorporate the Pharmacists’ Patient Care Process.
Polling Question

What kind of setting is your pharmacy practice?

- Community pharmacy
- Hospital pharmacy (dispensing)
- Hospital pharmacy (clinical)
- Ambulatory care
- Long term care
- Managed care
- Other
Polling Question

What kind of learners do you precept or co-precept? Choose all that apply.

- IPPE students
- APPE students
- Residents
- I do not currently precept any learners
Polling Question

How long have you been a preceptor?

- 0-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years
Polling Question

How familiar are you with the Pharmacists’ Patient Care Process (PPCP)?

- I have not heard of the PPCP.
- I have heard of the PPCP, but don’t know much about it.
- I have read the PPCP document or am familiar with the process.
- I am familiar with PPCP and using it in my precepting role.
Development of a Process
WHAT DOES A PHARMACIST DO?

https://www.pinterest.com/pin/ASkvmgpXR9KuC2AMjsPq8D3UZpUJbQ5Ef3b_vBq6wlfwDL2ruaSwNk/
Clinical Pharmacy

- Focus on identifying, resolving, and preventing medication-related problems (MRP)
- Improve medication use
- Optimize patient’s pharmacotherapeutic outcomes

Harris et al. Clinical Pharmacy Should Adopt a Consistent Process of Direct Patient Care
RATIONALE FOR A PROCESS

- Wide variation in patient care processes
- Use of terminology different from that used outside the profession
- Use of inconsistent terminology within the profession
- Confusion from others regarding the patient care services that can be consistently expected from clinical pharmacists
Established 1977

Vision: Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based healthcare.
DEVELOPMENT OF A PROCESS

- Pharmaceutical Care model foundation
- Work began in January 2012
  - Examined key pharmacy source documents
  - Organizational comment periods to reach consensus
  - Finalized document approved May 29, 2014
PHARMACISTS’ PATIENT CARE PROCESS GOALS

- Promote consistency across the profession
- Provide a framework for delivering patient care in any practice setting
- Be a contemporary and comprehensive approach to patient-centered care delivered in collaboration with other members of the health care team
- Be applicable to a variety of patient care services delivered by pharmacists, including medication management
FOUNDATIONAL COMPONENTS

- Establishment of patient-pharmacist relationship
- Engagement and effective communication with patients, family, caregivers
- Continually collaborate, document, and communicate with physicians and other health care providers
PHARMACISTS’ PATIENT CARE PROCESS (PPCP)
**Collect**

- Medication history (current and past medications)
  - Prescription medications
  - Nonprescription medications
  - Herbal products
  - Dietary supplements

- Relevant health data
  - Medical history
  - Health & wellness information
  - Biometric test results
  - Physical assessment findings

- Other patient factors
  - Lifestyle habits
  - Preferences & beliefs
  - Health & functional goals
  - Socioeconomic factors
ASSESS

- Each medication
  - Is it appropriate?
  - Is it effective?
  - Is it safe?
  - Is the patient adherent?
- Immunization status and preventive care needs

- Patient factors
  - Health & functional status
  - Risk factors
  - Health data
  - Cultural factors
  - Health literacy
  - Access to medications or other aspects of care
Establish a Care Plan

- Address medication-related problems & optimize medication therapy
- Set goals of therapy
- Engage the patient through education, empowerment, and self-management
- Support care continuity
IMPLEMENT

- Address medication-related and health-related problems
  - Engage in preventive care strategies, including vaccinations
- Initiate, modify, discontinue, or administer medication therapy (as authorized)
- Provide education & self-management training to patient/caregiver
- Contribute to coordination of care
- Schedule follow-up care as needed
**Follow-up: Monitor & Evaluate**

- Medication appropriateness, effectiveness, safety, patient adherence
- Clinical endpoints contributing to the patient’s overall health
- Outcomes of care
  - Progress toward goals of therapy
PHARMACISTS’ PATIENT CARE PROCESS (PPCP)
Think – Pair – Share

- Think about how closely the patient care process used in your practice mirrors the PPCP.
- Turn to your neighbor and discuss your thoughts on incorporating the PPCP into your experiential rotations.
PPCP Case Study Examples

Adapted from Bennett MS, Kliethermes MA, editors. How to Implement the Pharmacists' Patient Care Process. Washington, DC: American Pharmacists Association; 2015.
Case Study #1
Community Pharmacy Setting

- Jeffrey Williams is a 17 y/o white male who is showing up to the pharmacy to pick up his albuterol rescue inhaler 1 week early. He is 2 weeks late picking up his budesonide inhaler. He reports that he thinks his rescue inhaler works better than his other inhaler so he stopped using his budesonide every day.

- Today he is coming in to pick up a refill of his albuterol inhaler only.

- What information would you like to collect in order to assess the patient? Create a list of both subjective and objective information.
HSOP Pharmacy  
Auburn, AL  36830

**Date:** Today  
**Name:** Jeffrey Williams  
**Age:** 17 years old  
**Address:** 1000 War Eagle Way, Auburn  
**Weight:** 170 lbs.  
**Phone #:** 334-867-5309

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Medication</th>
<th>Dose</th>
<th>Rout</th>
<th>Sig</th>
<th>Quantity</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year ago</td>
<td>budesonide oral</td>
<td>180 mcg</td>
<td>PO</td>
<td>Inhale 1 puff</td>
<td>#1 (30 day supply)</td>
<td>Last filled 6 weeks ago</td>
</tr>
<tr>
<td></td>
<td>inhaler</td>
<td></td>
<td></td>
<td>twice a day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year ago</td>
<td>albuterol</td>
<td>90 mcg</td>
<td>PO</td>
<td>Inhale 2 puffs</td>
<td>#1 (30 day supply)</td>
<td>Wants to get filled today, 1 week early</td>
</tr>
<tr>
<td></td>
<td>inhaler</td>
<td></td>
<td></td>
<td>every 4-6 hrs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**After reviewing this information, what would be your assessment?**
# Pharmacists’ Patient Care Process

**Jeffrey Williams**

<table>
<thead>
<tr>
<th>Collect</th>
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<tbody>
<tr>
<td>Assess</td>
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<tr>
<td>Plan</td>
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<tr>
<td>Implement</td>
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<tr>
<td><strong>Follow-up:</strong></td>
<td></td>
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<tr>
<td><strong>Monitor and Evaluate</strong></td>
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</tbody>
</table>
Horace Smith is an 84 y/o man admitted from a long-term care facility. His family was upset because he is “out of it and not himself.” The admitting physician asked you to review his chart to determine if there are potential drug-related causes for his symptoms.

PMH: dementia, HTN, CVA, MI, GERD, depression

What additional information would you need to collect in order to assess Horace Smith?
**Medication Directions Notes**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Directions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furosemide 10 mg</td>
<td>1 tab daily</td>
<td></td>
</tr>
<tr>
<td>Lisinopril 5 mg</td>
<td>1 tab daily</td>
<td></td>
</tr>
<tr>
<td>ASA 81 mg</td>
<td>1 tab daily</td>
<td></td>
</tr>
<tr>
<td>Omeprazole 20 mg</td>
<td>1 tab daily</td>
<td></td>
</tr>
<tr>
<td>Donepezil 10 mg</td>
<td>1 tab HS</td>
<td></td>
</tr>
<tr>
<td>Escitalopram 20 mg</td>
<td>1 tab daily</td>
<td></td>
</tr>
<tr>
<td>Benztropine 1 mg</td>
<td>1 tab TID</td>
<td>Added 1 month ago “for tremors”</td>
</tr>
<tr>
<td>Risperidone 0.5 mg</td>
<td>1 tab HS</td>
<td>Added 3 weeks ago for increased</td>
</tr>
<tr>
<td></td>
<td></td>
<td>confusion, agitation, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>combativeness</td>
</tr>
<tr>
<td>Lorazepam 0.5 mg</td>
<td>1 tab BID</td>
<td></td>
</tr>
<tr>
<td>Megestrol acetate 400 mg</td>
<td>1 tab daily</td>
<td>Added 3 weeks ago b/c pt was not eating</td>
</tr>
</tbody>
</table>

**NKDA**

HPI: Pt had 3 falls in the past 3 weeks. No previous falls.

BP: 130/86
Ht: 6’0”
Wt: 187 lbs
MMSE: 24

K: 4.1
Cr: 0.9
# Pharmacists’ Patient Care Process

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<td>Follow-up: Monitor and Evaluate</td>
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</tbody>
</table>
Diana Carr is a 58 y/o woman diagnosed with type 2 diabetes 1 year ago. She is being seen in the pharmacy clinic today for management of her diabetes. She states that she is having difficulty controlling her blood glucose levels.

What additional information would you need to collect in order to assess Diana Carr?
**Diana Carr Chart Review**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Directions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformin ER 1000 mg</td>
<td>2 tabs daily</td>
<td>Tolerating well; started 1 year ago</td>
</tr>
<tr>
<td>Glipizide ER 10 mg</td>
<td>2 tabs daily</td>
<td>Tolerating well; started 4 months ago</td>
</tr>
<tr>
<td>Atorvastatin 10 mg</td>
<td>1 tab daily</td>
<td>Started 1 year ago</td>
</tr>
<tr>
<td>Lisinopril 10 mg</td>
<td>1 tab daily</td>
<td>Started 2 years ago</td>
</tr>
<tr>
<td>Centrum Silver MVI</td>
<td>1 tab daily</td>
<td></td>
</tr>
</tbody>
</table>

**PMH:** Type 2 DM, Dyslipidemia, HTN

**Allergies:** PCN (rash)

**Vitals:**
- BP 128/72, HR 76, Wt 90 kg

**SMBG Readings:**
- 160-206 mg/dL fasting

**ROS:**
- (-) dizziness, hypoglycemia, SOB, chest pain
- (+) polyuria/polyphagia/polydipsia
- (+) tingling/numbness in toes, no changes

**Pertinent Labs:**
- Fasting glucose 162, A1c 8.8%
- Lipid Panel: TC 214, LDL 138, HDL 40, TG 160
- Electrolytes & LFTs WNL

**Preventive Care:**
- Eye exam 15 months ago
- Foot exam 4 months ago
- Influenza vaccine last flu season
- Pneumococcal vaccine: none
- Urinary albumin screening 14 months ago (negative)
**Pharmacists’ Patient Care Process**

Diana Carr

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### Pharmacists’ Patient Care Process

**Diana Carr**

<table>
<thead>
<tr>
<th>Implement</th>
<th></th>
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<tr>
<td><strong>Follow-up:</strong> Monitor and Evaluate</td>
<td></td>
</tr>
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Implementation of the PPCP at HSOP
Standard 10: Curriculum Design, Delivery, and Oversight

10.8 Pharmacists’ Patient Care Process: The curriculum prepares students to provide patient-centered collaborative care as described in the Pharmacists’ Patient Care Process model endorsed by the Joint Commission of Pharmacy Practitioners.
AUHSOP CURRICULAR MODEL
Through class of 2020

Pre-Pharmacy Requirements

P1 Fall
- Foundations of Pharmacy

P1 Spring
- Pharmacokinetics
- Drug Lit

P1 Summer
- DP I

P2 Fall
- DP I
- DAD III
- PP DME I

P2 Spring
- DP II
- DAD IV
- PP DME II

P2 Summer
- IP I & II
- Electives

P3 Fall
- IP III & IV
- Electives

P3 Spring

P4 Summer
- APPE – Advanced Pharmacy Practice Experiences
- CAPP – Contemporary Aspects of Pharmacy Practice
- DAD – Drugs and Diseases
- DP – Drug Products
- IP – Integrated Pharmacotherapy
- IPPE – Introductory Pharmacy Practice Experience
- PCS – Patient Centered Skills
- PP DME – Pharmacy Practice Development, Management, and Evaluation
- PPE – Pharmacy Practice Experience

P4 Fall
- APPE

P4 Spring
- APPE

LEGEND
APPE – Advanced Pharmacy Practice Experiences
CAPP – Contemporary Aspects of Pharmacy Practice
DAD – Drugs and Diseases
DP – Drug Products
IP – Integrated Pharmacotherapy
IPPE – Introductory Pharmacy Practice Experience
PCS – Patient Centered Skills
PP DME – Pharmacy Practice Development, Management, and Evaluation
PPE – Pharmacy Practice Experience
Professional Communications

IPPE-Community
IPPE-Institutional
APPROACH FOR SELF CARE PATIENTS: QuEST

- Quickly and accurately assess the patient
- Establish that the patient is an appropriate self-care candidate
- Suggest appropriate self-care strategies
- Talk with the patient
Quickly and accurately assess the patient
- Ask about current complaint (SCHOLAR)
- Ask about medications and other products
- Ask about current medical problems
- Ask about drug allergies
Symptoms and associated symptoms
Characteristics/ Course
History of symptoms in past
Onset
Location
Aggravating factors
Relieving factors

Medications
- Prescription
- OTC
- Vitamins/herbals

Allergies
Conditions (medical)
Establish that the patient is an appropriate self-care candidate

- No severe symptoms
- No symptoms that persist or return repeatedly
- No self-treating to avoid medical care
Plan

- Suggest appropriate self-care strategies
  - Medication
  - Alternative treatments
  - General care measures
Talk with the patient
- About reasons for self-treatment
- About medication actions, administration, and adverse effects
- About what to expect from treatment
- About appropriate follow-up
COUNSELING POINTS

- Description of the medication/treatment
  - Product name
  - Rationale or indication for selected product
  - Expected effect & onset of symptom relief
- Proper administration
  - Dose and dosage schedule
  - Route of administration
  - Duration of therapy
  - Missed dose management (if applicable)
- Adverse effects (most common and/or significant ADRs)
- Other important information
  - Proper medication storage
  - Appropriate non-drug treatment for symptoms
Follow-up Counseling

- When patient should seek further medical attention (specific length of time)
- When to follow-up with pharmacist (if applicable)
- Ask patient if they have any questions
PRODUCT SELECTION & COUNSELING SKILL GUIDE

- Used for OTC or Prescription medications
- 3 Sections
  - Gathering Information
  - Option/Management Strategies (including patient education)
  - Monitoring/Follow-up
Gathering Information

Symptoms Complaint

- Asks about a further description of the main symptom – quality, changes, frequency
- Asks about symptoms other than the chief complaint
- Asks about a further description of other symptom(s)
- Asks if symptoms have changed
- Asks if patient has had these symptoms before
- Asks how patient has treated these symptoms in the past
- Asks when the symptoms began
- Asks where the problem is located
- Asks what makes the symptom(s) worse
- Asks what makes the symptom(s) better
- Asks if patient has tried anything for the current symptom(s)
- Asks appropriate disease-specific questions (symptom and lifestyle management)
Gathering Information

Three Prime Questions

- What did the doctor tell you this medication is for?
- How did the doctor tell you to take this medication?
- What did the doctor tell you to expect from this medication?
GATHERING INFORMATION ALL PATIENTS

- Asks about current prescription medications OR verifies patient profile
- Asks about OTC medications
- Asks about drug allergies OR confirms drug allergies on profile
- Asks about medical problems/conditions
OPTION/MANAGEMENT STRATEGIES

- Chooses a product and tells patient the product name
- Provides a rationale or indication for the selected product
OPTION/MANAGEMENT STRATEGIES

- Counsels on appropriate dose and frequency
- Counsels on appropriate duration of therapy
- Counsels on onset of symptom relief
- Counsels on missed dose management for scheduled medications
- Counsels on adverse effects (most common and/or significant ADRs)
- Counsels on proper medication storage
- Counsels on appropriate non-drug treatment for symptoms
MONITORING / FOLLOW-UP

- Instructs when to seek further medical attention (specific length of time)
- Instructs when to follow up with pharmacist
- Asks patient if they have any questions
SOAP Notes

- Subjective
- Objective
- Assessment
- Plan
# New Practice Ready Curriculum

- Begins with P1s this year (class of 2021)

<table>
<thead>
<tr>
<th>Fall Semester 2017</th>
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<tbody>
<tr>
<td>Orientation (1 week)</td>
</tr>
<tr>
<td>Longitudinal Experience I (15 weeks, no classes during Assessment &amp; Workshop weeks)</td>
</tr>
<tr>
<td>Pharmacy Practice Experience (PPE) (15 weeks)</td>
</tr>
<tr>
<td>Remediation (1 week)</td>
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</tbody>
</table>
WORKSHOP & LONGITUDINAL THEMES

- Drug Information Resources (P1 Fall)
- The Pharmacists’ Patient Care Process (P1 Spring)
- Immunization Training & Certification (P2 Fall)
- Pharmacokinetics (P2 Spring)
- Pharmaceoeconomics (P3 Fall)
- APPE Readiness / Career Prep (P3 Spring)

- Navigating the US Healthcare System (P1 Fall)
- Public Health / Health & Wellness (P1 Spring)
- Promoting Pharmacists’ Services (P2 Fall)
- Program Development & Continuous Quality Improvement (P2 Spring)
- Personnel and Organizational Management (P3 Fall)
- Selective (P3 Spring)
PPCP and Experiential Education
IPPE Implementation Community Experience

- Prescription processing (new and refill)
- Patient counseling / obtaining information from patient
- Answering drug information questions
- Patient interactions regarding OTC medications
- Medication therapy management (MTM) services
- Immunization administration
- Handling & follow-up of potential drug-related problems
- Creation of OTC handouts
- Point-of-care services
IPPE Implementation
Institutional Experience

- Intake medication reconciliation
- P&T / Formulary System / Therapeutic interchange
- Non-formulary medication policies
- Clinical services / Pharmacokinetic drug monitoring
APPE Implementation

Collect

- Patient History Assessment
  - Performs a medication history/patient interview
  - Performs reconciliation process for all prescription and non-prescription therapies between points of care
  - Gathers and compiles subjective and objective data
  - Elicits pertinent socioeconomic, cultural and behavioral information to minimize health disparities and inequities in access to quality health care
  - Assesses patient medication adherence

- Patient Knowledge and Needs Assessment
  - Performs physical assessment procedures appropriate to setting
APPE IMPLEMENTATION

ASSESS

► Patient Knowledge and Needs Assessment
  ► Assesses patient understanding of illness and treatment
  ► Considers patient specific data
  ► Prioritizes/triages patient problems
  ► Evaluates subjective and objective data
  ► Evaluates patient needs and limitations in regard to education and counseling

► Assessment of Drug Therapy
  ► Evaluates appropriateness of patient-specific drug and non-drug therapy
  ► Identifies all medication-related problems
  ► Evaluates status, etiology, and risk factors for each problem
  ► Prioritizes each problem
  ► Assess patient readiness/motivation/ability to accept therapy/lifestyle recommendations

► Patient Safety
  ► Screens prescription orders for drug-related problems

► Develop, Implement, and Monitor Drug Therapy Plans
  ► Interprets and analyzes patient, disease, and drug data appropriately
APPE Implementation Plan

- Develop, Implement, and Monitor Drug Therapy Plans
  - Considers drug and non-drug therapy alternatives
  - Makes appropriate drug product selection decisions including self-care products
  - Develops comprehensive and practical pharmacotherapy plans
  - Develops a complete pharmacokinetic/dynamic plan
  - Develops strategies to improve or maintain patient adherence
APPE Implementation

- **Patient Safety**
  - Prepares and packages safe and effective medication products (including compounding)
  - Identifies and reports medication prescribing errors
  - Identifies and reports adverse drug reactions

- **Patient Communication**
  - Effectively applies patient education and counseling skills

- **Develop, Implement, and Monitor Drug Therapy Plans**
  - Advises providers and patients about appropriate prescription and nonprescription medications, dietary supplements, diet, nutrition, traditional nondrug therapies and complementary and alternative therapies
  - Implements, monitors, and adjusts therapeutic plan
  - Participates in medical emergency care
  - Administers medications where practical and consistent with the practice environment and legally permitted
  - Makes needed referrals and assists with access to health services
APPE IMPLEMENTATION FOLLOW-UP

- Develop, Implement, and Monitor Drug Therapy Plans
  - Implements, monitors, and adjusts therapeutic plans
- Management / Organizational Abilities
  - Ensures continuity of pharmaceutical care across health care settings
APPE Implementation Document

- Develop, Implement, and Monitor Drug Therapy Plans
  - Documents pharmaceutical care activities for ongoing patient care, quality control, quality assurance and accountability

- Interprofessional Communication and Collaboration
  - Writes effective patient care notes/documents
  - Demonstrates written communication that is professional, well organized and without grammar/spelling errors
Interprofessional Communication and Collaboration
- Communicates and appropriately defends recommendations and plans
- Delivers effective group presentations
- Utilizes both verbal and nonverbal communication effectively

Patient Communication
- Delivers effective group presentations
- Demonstrates understanding and applies principles of health literacy to all patient education
APPE IMPLEMENTATION
COLLABORATE

▸ Interprofessional Communication and Collaboration
  ▸ Understands values and ethics involved in effective interprofessional healthcare teams or interactions
  ▸ Comprehends the role and scope of practice of a pharmacist
  ▸ Demonstrates the ability to function effectively and professionally on an interprofessional healthcare team
  ▸ Demonstrates the ability to resolve conflicts that occur with patients and members of the healthcare team

▸ Develop, Implement, and Monitor Drug Therapy Plans
  ▸ In conjunction with other health care team members and non-prescribers establishes and demonstrates responsibility for creating and achieving desired therapeutic outcomes/goals to promote optimal health and wellness

▸ Management / Organizational Abilities
  ▸ Collaborates as an effective, efficient, and accountable team member

▸ Social Interaction, Citizenship, and Leadership
  ▸ Establishes and actively participates in a collaborative working relationship with other healthcare providers
COMMUNITY PRACTICE LEARNING ACTIVITIES

- Participate in communication with a physician regarding medication recommendation
- Participate in patient counseling/education for prescriptions (new and refill)
- Assess patient technique and provide necessary education/counseling for inhalers, eye drops, nasal sprays, etc.
- Provide counseling and consultation of OTC medications
- Participate in MTM services
- Offer and provide BP screenings
- Participate in immunization administration
- Provide follow-up care (call backs) for patients that have received an antibiotic to ensure full adherence with regimen
- Provide follow-up on patients that have missed refilling a prescription for any chronic medication or prescriptions not picked up by patients
- Provide education on specific disease state observances
HEALTH SYSTEM PRACTICE LEARNING ACTIVITIES

- Participate in communication with physicians/nurses regarding medication recommendations
- Perform calculations and process necessary for proper medication compounding or preparation
- Perform pediatric dosage calculation for verification of dosage accuracy
- Participate in patient education when necessary
- Participate in antibiotic monitoring programs, IV to PO conversions, etc.
- Discuss technician role
- Provide in-service to pharmacists, technicians, or other health care professionals
- Provide drug information for questions received
THINK—PAIR—SHARE

What are some activities that you already include on your rotations that incorporate aspects of the Pharmacists’ Patient Care Process?
IMPLEMENTATION EXAMPLES

- Applying the Pharmacists’ Patient Care Process to Immunization Services: A Resource Guide for Pharmacists
- Using the Pharmacists’ Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists
IMPLEMENTATION EXAMPLES

- Review the PPCP with students and use the terminology
- Have students describe and reflect on an experience they had involving the PPCP
- Discuss how the PPCP differs in implementation based upon the practice environment
- Discuss how documentation differs based upon the practice environment
- Focus on one step of the process at a time
- Get students involved in medication reconciliation at transitions of care
- After discussing patient assessments and plans, continue to discuss implementation and follow-up
Now It’s Your Turn...

- Try to work with one or more people who teach a similar rotation.
- Create a student activity highlighting one or more steps of the PPCP to implement on your IPPE or APPE rotation.
REFERENCES


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