THE JCPP PHARMACISTS’ PATIENT CARE PROCESS: TIME TO REINVENT THE WHEEL?
Objectives

• Compare and contrast new JCPP Pharmacists’ Patient Care Process (PPCP) steps and competencies with older patient assessment models

• Identify pharmacy school curriculum changes as the results of the JCPP PPCP

• Develop strategies to reinforce and assess JCPP PPCP competencies with students and residents
BACKGROUND AND CHANGES IN CURRICULUM
Poll question 1

• Which of the following describes your knowledge of JCPP Pharmacists’ Patient Care Process best?

A. I have never heard of JCPP PPCP
B. I have heard about it, but I have not read it
C. I have some knowledge of it but I have not used it with my trainees
JCPP Vision:

- Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based healthcare.
Pharmacists’ Patient Care Process (PPCP)

- JCPP Strategic Plan: Consistent patient care process identified as key driver for achieving the JCPP vision
  - Supports the profession’s provider status activities
  - Needed to meet demands of evolving health care system

- Purpose of collaboration on the process
  - To stimulate consistency, predictability, and measurability in pharmacists’ service delivery
PPCP Development

• Review of key resources
  – Pharmaceutical care – Strand & Cipolle
  – Profession’s MTM definition and MTM Core Elements
  – PCPCC Medication Management Resource Guide
  – ACA language
  – Nurse Practitioner’s Practice Standards
Applicability of PPCP

- Should apply to the wide variety of patient care service provided by pharmacists AND the pharmacist’s medication expertise
- Level of intensity varies depending on the service
- One pharmacist might be responsible for all the steps in some settings where in others more than one pharmacist may be involved at different stages of the process.
PPCP 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
PCCP Foundational Components

- Establishment of patient-pharmacist relationship
- Engagement and effective communication with patient, family, caregivers
- Continually collaborate, document, and communicate with physicians and other health care providers
- Process enhanced by interoperable information technology systems that facilitate effective and efficient communication
PPCP

- Collect
- Assess
- Plan
- Implement
- Follow-up: Monitor and Evaluate

Poll Question 2

• What are your immediate impressions from the new PCPP?

A. It is essentially the same as what I learned in school and have been using in practice

B. It has some significant differences from what I have used

C. It is very different than what I have learned and used
• The pharmacist assures the collection of necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient. Information may be gathered and verified from multiple sources.
  – A current medication list and medication use history for prescription and nonprescription medications, herbal products, and other dietary supplements
  – Relevant health data that may include medical history, health and wellness information, biometric test results, and physical assessment findings
  – Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that impact access to medications and other aspects of care
PPCP - Assess

- The pharmacist assesses the information collected and analyzes the clinical effects of the patient’s therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care. This process includes assessing:
  - Each medication for appropriateness, effectiveness, safety, and patient adherence
  - Health and functional status, risk factors, health data, cultural factors, health literacy, and access to medications or other aspects of care
  - Immunization status and the need for preventive care and other health care services, where appropriate
• The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective. This process includes establishing a care plan that:
  – Addresses medication-related problems and optimizes medication therapy
  – Sets goals of therapy for achieving clinical outcomes in the context of the patient’s overall health care goals and access to care
  – Engages the patient through education, empowerment, and self-management
  – Supports care continuity, including follow-up and transitions of care as appropriate
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver. During the process of implementing the care plan, the pharmacist:

- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration
- Initiates, modifies, discontinues, or administers medication therapy as authorized
- Provides education and self-management training to the patient or caregiver
- Contributes to coordination of care, including the referral or transition of the patient to another health care professional
- Schedules follow-up care as needed to achieve goals of therapy
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed. This process includes the continuous monitoring and evaluation of:

- Medication appropriateness, effectiveness, and safety and patient adherence through available health data, biometric test results, and patient feedback
- Clinical endpoints that contribute to the patient’s overall health
- Outcomes of care, including progress toward or the achievement of goals of therapy
The JCPP Pharmacist Patient Care Process

1. Medical terms/abbreviations
2. Medical history
3. Medication reconciliation
4. Lab results
5. Patient lifestyle habits/preferences/beliefs
6. Socioeconomic factors

1. Clinical Data Interpretation
2. Risk factors
3. Patient specific outcomes
4. Cultural factors
5. Health literacy
6. Access to medications
7. Preventative Health
8. Identify problems
9. Develop prioritized problem list

1. Monitor Clinical endpoints
2. Monitor outcomes of care/care goals
3. Re-evaluate at each encounter

1. Communicate/Document plan with others
   - Initiate, modify, DC med therapy
   - Pt education and self-management training
   - Preventive care strategies

1. Address problems and make recommendations to optimize therapy practicing evidence based medicine
2. Identify goals of therapy to achieve clinical outcomes
The Patient Care Process and SOAP

**S - O**
1. Medical terms/abbreviations
2. Medical history
3. Medication reconciliation
4. Lab results
5. Patient lifestyle habits/preferences/beliefs
6. Socioeconomic factors

**A**
1. Clinical Data Interpretation
2. Risk factors
3. Patient specific outcomes
4. Cultural factors
5. Health literacy
6. Access to medications
7. Preventative Health
8. Identify problems
9. Develop prioritized problem list

**P**
1. Communicate/Document plan with others
   - Initiate, modify, DC med therapy
   - Pt education and self-management training
   - Preventive care strategies
2. Address problems and make recommendations to optimize therapy practicing evidence based medicine
3. Identify goals of therapy to achieve clinical outcomes
The Patient Care Process and QuEST SCHOLAR-MAC

**SCHOLAR-MAC**
1. Medical terms/abbreviations
2. Medical history
3. Medication reconciliation
4. Lab results
5. Patient lifestyle habits/preferences/beliefs
6. Socioeconomic factors

**QuE**
1. Clinical Data Interpretation
2. Risk factors
3. Patient specific outcomes
4. Cultural factors
5. Health literacy
6. Access to medications
7. Preventative Health
8. Identify problems
9. Develop prioritized problem list

**Patient-Centered Care**

**Collect**
1. Monitor Clinical endpoints
2. Monitor outcomes of care/care goals
3. Re-evaluate at each encounter

**Plan**
1. Communicate/Document plan with others
   - Initiate, modify, DC med therapy
   - Pt education and self-management training
   - Preventive care strategies

**Assess**
1. Address problems and make recommendations to optimize therapy practicing evidence based medicine
2. Identify goals of therapy to achieve clinical outcomes

**Follow-up: Monitor and Evaluate**

**Implement**

**Collaborate**

**Communicate**

**T**
ACPE Mandate

• Standards 2016
  – 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.

ASHP

• Pharmacists providing professional services at the practice will:
  – 6.4.g follow the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists’ Patient Care Process using the principles of evidence-based practice


Examples of what we have done in the didactic/ lab/ seminar curriculum

- Multiple faculty development sessions
- PPT templates developed for faculty lectures
- Patient care concept map for seminar cases
- Seminar case work up must follow PCPP steps
- Rubrics updated and mapped to PPCP competencies
Therapeutic/Critical Thinking Process
Patient Care Concept Map

• Purpose: demonstrates thinking process to help you assess the patient
• Aid you in identifying/addressing all medical conditions and problems
  – Template to capture all the information needed to make appropriate therapeutic recommendations
  – Helps you to organize information to document recommendations
• This is the process that you go through in your head for every patient encounter and should become second nature to you
  – (i.e. eventually you will not need the concept map anymore)
### Disease State/Medical condition:

#### Step 1: Knowledge of disease state/medical condition:
- Epidemiology
- Pathophysiology
- Signs and symptoms
- Diagnostic features
- Treatment options (pharmacologic and non-pharmacologic)

#### Step 2: Review of Evidence based guidelines or landmark clinical trials:

#### Step 3: Patient-Specific Factors:

<table>
<thead>
<tr>
<th>S:</th>
<th>O:</th>
<th>PMH:</th>
<th>SH:</th>
<th>FH:</th>
<th>Non-drug allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current RX Medications:</td>
<td>OTC/Herbals/Vitamins:</td>
<td>Alternative Medications (CAM):</td>
<td>Drug Allergies:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Step 4: Medication History/Med Rec

#### Step 5: Set Patient-Specific Goals:
- Does the patient need therapy to reach goals and why?
  - Acute or chronic or both?
  - What is the urgency of beginning therapy?
- What will treatment solve/prevent?
- Is non-drug therapy available and appropriate?

#### Step 6: Identify Problems
- Refer to DRP slides for specific examples (indication, effectiveness, safety, adherence/patient education)
<table>
<thead>
<tr>
<th>Step 7A: Medication Assessment</th>
<th>Step 7B: Overall Patient Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Evaluate need for therapy</td>
<td>• What recommendations are you considering? Why are you considering this? Why are you not considering something else?</td>
</tr>
<tr>
<td>• Evaluate current therapy</td>
<td>• Cite evidence based arguments</td>
</tr>
<tr>
<td>o Utilize info from MedRec process</td>
<td>• Incorporate patient specific goals</td>
</tr>
<tr>
<td>o Is pt responding to therapy, having side effects, adherent?</td>
<td>• How is your assessment impacted by other factors?</td>
</tr>
<tr>
<td>o Is pt using anything (Rx/OTC) to treat condition?</td>
<td>o Other disease states</td>
</tr>
<tr>
<td>o Current meds best suited for this pt?</td>
<td>o Other current medications</td>
</tr>
<tr>
<td>o Correct dose? (age, wt, renal/hepatic function)?</td>
<td>o Patient and/or provider preferences</td>
</tr>
<tr>
<td>o Appropriate dosage form, route, frequency?</td>
<td>o Insurance coverage</td>
</tr>
<tr>
<td>o Appropriate duration of therapy?</td>
<td>o Pros/cons of each option</td>
</tr>
<tr>
<td>• Evaluate all other therapy options</td>
<td></td>
</tr>
</tbody>
</table>
Reformatting from SOAP to PPCP

**HTN:**
S/O: BP=135-140/85-90; HR=55; BUN/SrCr=25/1.7; K=4.6; metoprolol 25 mg PO BID
A: BP is controlled with JNC 8 goal of <140/90; however, patient is not on an ACE I or ARB, which are preferred in patients with CKD and DM due to their beneficial affects on slowing the progression of kidney disease. Metoprolol has no clear indication but we may not need to discontinue it because patient has been on it chronically. *(They can also say that metoprolol can be contributing to generalized weakness, fatigue; but this is more common at the start of therapy; they can definitely argue for discontinuing a beta-blocker which is fine).*

P: D/C Metoprolol OR Titrate dose off (with specific schedule) OR continue Metoprolol. Initiate Lisinopril 10 mg, PO daily. Check BP, HR, K, and BUN/SrCr 1 week from lisinopril initiation. If BP not at goal consider increasing Lisinopril to 20mg daily.

<table>
<thead>
<tr>
<th>Problem</th>
<th>HTN:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collect</strong></td>
<td>BP=135-140/85-90; HR=55; BUN/SrCr=25/2.4; K=4.6; metoprolol 25 mg PO BID</td>
</tr>
<tr>
<td><strong>Assess</strong></td>
<td>BP is controlled with JNC 8 goal of &lt;140/90; however, patient is not on an ACE I or ARB, which are preferred in patients with CKD and DM due to their beneficial affects on slowing the progression of kidney disease. Metoprolol has no clear indication but we may not need to discontinue it because patient has been on it chronically. <em>(They can also say that metoprolol can be contributing to generalized weakness, fatigue; but this is more common at the start of therapy; they can definitely argue for discontinuing a beta-blocker which is fine).</em> Providers may be hesitant to initiate an ACE I in a patient with SrCr of 2.4; however, benefits may outweigh the risk and with careful monitoring ACE I should be tried with low dose initiation and titration.</td>
</tr>
<tr>
<td>Plan</td>
<td>D/C Metoprolol OR Titrate dose off (with specific schedule) OR continue Metoprolol. Initiate Lisinopril 2.5 or 5 mg, PO daily. If BP not at goal consider titrating up to Lisinopril to 20mg daily.</td>
</tr>
<tr>
<td><strong>Implement</strong></td>
<td>Provide patient education regarding changes in HTN therapy. For ACE I – specifically patients should report cough, swelling around neck or face, dizziness, changes in urine output</td>
</tr>
<tr>
<td><strong>Follow-up, Monitor, Evaluate</strong></td>
<td>Check BP, HR, K, and BUN/SrCr 3-7 days from lisinopril initiation.</td>
</tr>
</tbody>
</table>
PRACTICAL TIPS FOR IMPLEMENTING PPCP WITH RESIDENTS AND STUDENTS
Pharmacists will provide services within community-based practices, institutions, clinics, patients’ homes or other settings, and will coordinate, collaborate and communicate among themselves and with other members of the health care team.
Applications to experiential setting

Rotations

Patient Presentations

Medication Reconciliation

Transitions of Care

Patient Work-Up
Patient work-up

- Consistent and comprehensive approach to a patient
- Use standardized data collection forms/progress notes

<table>
<thead>
<tr>
<th>JCPP by Problem</th>
<th>COLLECT</th>
<th>ASSESS</th>
<th>PLAN</th>
<th>IMPLEMENT</th>
<th>FOLLOW-UP/MONITORING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem 1:</td>
<td>Collect</td>
<td>Assess</td>
<td>Plan</td>
<td>Implement</td>
<td>Monitor</td>
</tr>
<tr>
<td>Problem 2:</td>
<td>Collect</td>
<td>Assess</td>
<td>Plan</td>
<td>Implement</td>
<td>Monitor</td>
</tr>
<tr>
<td>Problem 3:</td>
<td>Collect</td>
<td>Assess</td>
<td>Plan</td>
<td>Implement</td>
<td>Monitor</td>
</tr>
</tbody>
</table>
Patient presentation

• Guidelines on how to apply PPCP to patient presentation

- Collect: Organize in trends where relevant. For example, if your problem is infection, include fever curve from admission to last day of your follow up or discharge, WBC trend, cultures, etc. If many days of admission, it may be useful to organize in a table form. Limit to pertinent to the problem. Because you have specifics at the table above, it is not necessary to restate each value; however you can comment i.e. WBC is elevated on admission and continues to decline since admission. It is appropriate to include any Meds PTA into the S/O when pertinent
- Assess: Include etiology or pathophysiology as pertinent; include any assessment of chronic or acute presentation for a given problem. State the standard of care for this problem and compare your current therapy for the problem with standard of care commenting on whether you think any interventions are needed. Use guidelines and primary literature to justify your answer as appropriate.
- Plan: Clearly state what your plan is with the current medications used to manage the problem (continue, discontinue, change medications or doses, add medications, etc.). Clearly state goals of therapy (i.e. BP goal is <140/90 as patient has DM, A1c goal is <7, Vanco trough goal of 15-20, VPA goal of 50-100, etc.)
- Implement: Consider including any education that you would want to emphasize to the patient to prevent re-admission. Consider any vaccines the patient may need. Consider any transitions of care the patient may need.
- Follow-Up: Clearly state monitoring parameters (measurable) that you will use to monitor therapeutic efficacy.

• Standardized rubric/feedback for patient presentations using PPCP
### PPCP Rubric Example

<table>
<thead>
<tr>
<th>COLLECT - 10% weight</th>
<th>3 Points</th>
<th>2 Points</th>
<th>1 Point</th>
<th>0 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete and concise summary of subjective and objective information (S/O)</td>
<td>Complete and concise summary of pertinent information for all 3 problems</td>
<td>Complete and concise summary of pertinent information for 2 problems</td>
<td>Complete and concise information for 1 problem</td>
<td>Complete and concise summary of pertinent information for 0 problems</td>
</tr>
<tr>
<td>Accurate summary of all S/O</td>
<td>All information is accurate with no incorrect information</td>
<td>Accurate summary of pertinent information for all 3 problems</td>
<td>Some inaccurate information presented for 1 or more problems</td>
<td>Grobly inaccurate and/or inaccurate information for 1 or more problems</td>
</tr>
<tr>
<td></td>
<td>Only &quot;S/O&quot; information given</td>
<td>Only &quot;S/O&quot; information given</td>
<td>Information other than &quot;S/O&quot; provided</td>
<td>Information other than &quot;S/O&quot; provided</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASSESS - 20% weight</th>
<th>3 Points</th>
<th>2 Points</th>
<th>1 Point</th>
<th>0 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem identification</td>
<td>Complete problem list generated; no extraneous information or issues listed</td>
<td>Most problems are identified including the &quot;main&quot; problem for the case (&gt;80%)</td>
<td>Some problems are identified (&lt;50%-80%) &lt;OR&gt; includes nonexistent problems or extraneous information</td>
<td>Less than 50% of problems are listed &lt;OR&gt; main problem missed &lt;OR&gt; identified nonexistent problems</td>
</tr>
<tr>
<td>Current therapy</td>
<td>Assessment of current therapy based on rational interpretation and integration of available information for all 3 problems</td>
<td>Assessment of current therapy based on rational interpretation and integration of available information for 2 of top 3 problems</td>
<td>Assessment of current therapy based on rational interpretation and integration of available information for 1 of top 3 problems</td>
<td>Assessment of current therapy based on rational interpretation and integration of available information for 0 of top 3 problems</td>
</tr>
<tr>
<td>Evidence/Best Practices</td>
<td>References appropriate guidelines for best practices and/or clinical trials for all 3 problems</td>
<td>References appropriate guidelines for best practices for 2 problems</td>
<td>References appropriate guidelines and/or clinical trials for best practices for 1 problem</td>
<td>References appropriate guidelines and/or clinical trials for best practices for 0 problems</td>
</tr>
<tr>
<td>Intervention Needed</td>
<td>Assessment of intervention needed based on rational interpretation and integration of available information for all 3 problems</td>
<td>Assessment of intervention needed based on rational interpretation and integration of available information for 2 problems</td>
<td>Assessment of intervention needed based on rational interpretation and integration of available information for 1 problem</td>
<td>Assessment of intervention needed based on rational interpretation and integration of available information for 0 problems</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLAN - 20% weight</th>
<th>3 Points</th>
<th>2 Points</th>
<th>1 Point</th>
<th>0 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Goals</td>
<td>Appropriate and relevant therapeutic goal for 3 of top 3 problems</td>
<td>Appropriate and relevant therapeutic goal for 2 of top 3 problems</td>
<td>Appropriate and relevant therapeutic goal for 1 of top 3 problems</td>
<td>Appropriate and relevant therapeutic goal for 0 of top 3 problems</td>
</tr>
<tr>
<td>Specific Plan</td>
<td>Specific, appropriate and justified recommendations (including drug name, strength, route, frequency, and duration of therapy) for all 3 problems</td>
<td>Specific, appropriate and justified recommendations (including drug name, strength, route, frequency, and duration of therapy) for 2 of 3 problems</td>
<td>Specific, appropriate and justified recommendations (including drug name, strength, route, frequency, and duration of therapy) for 1 of 3 problems</td>
<td>Specific, appropriate and justified recommendations (including drug name, strength, route, frequency, and duration of therapy) for 0 of 3 problems</td>
</tr>
</tbody>
</table>
Medication reconciliation

• Collect:
  – Current medication list and medication use history for prescription and nonprescription medications, herbal products, and other dietary supplements
  – Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that impact access to medications and other aspects of care

• Assess:
  – Each medication for appropriateness, effectiveness, safety, and patient adherence

• Plan:
  – Addresses medication-related problems and optimized medication therapy

• Implement:
  – Provides education and self-management training to the patient or caregiver
Transitions of care

• Implement:
  – The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver
  – Contributes to the coordination of care, including the referral or transition of the patient to another healthcare professional

• Use all the steps (collect, assess, plan, implement, follow-up/monitoring) as a process to guide communication
### Example situation: warfarin patient

<table>
<thead>
<tr>
<th>PPCP Process Step</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect</td>
<td>Student/resident discusses warfarin history with patient, call pharmacy and anticoagulation clinic for additional information</td>
</tr>
<tr>
<td>Assess</td>
<td>Assess warfarin history to determine the best dose of warfarin</td>
</tr>
<tr>
<td>Plan</td>
<td>Finalize warfarin dose recommendation</td>
</tr>
<tr>
<td>Implement</td>
<td>Student/resident pages the floor pharmacist about the warfarin dose recommendation and/or complete warfarin monitoring forms for the hospital</td>
</tr>
<tr>
<td>Follow-up</td>
<td>Determine warfarin monitoring plan and restart the cycle</td>
</tr>
</tbody>
</table>

Example: Carlson (123456) Pt on warfarin 5mg daily for a fib at home with INR 1.6; increasing to 4mg and will monitor. Please call with concerns. Thanks Alexa, Pharmacy Student, x 43837
Applications in the experiential setting

- Survey to current P4 students (on APPE 2) and most recent graduates (completed 6 APPEs) of Northeastern University on how PPCP is being applied on APPEs
- 17 respondents
  - 15 (88%) students have read PPCP, 2 (12%) have not
  - 9 (53%) students completed 6 rotations, 4 (23.5%) completed 2 rotations, and 4 (23.5%) completed 1 rotation
## Comparison of SOAP and PPCP

For each of the following please say which one you prefer, SOAP (at 0 points) or PPCP (at 100 points)

<table>
<thead>
<tr>
<th>Field</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of patient work-up (n=11)</td>
<td>0</td>
<td>75</td>
<td>33.64</td>
<td>21.44</td>
</tr>
<tr>
<td>Completeness of patient work-up</td>
<td>0</td>
<td>100</td>
<td>61.79</td>
<td>35.47</td>
</tr>
<tr>
<td>Continuity of patient care (n=14)</td>
<td>27</td>
<td>100</td>
<td>73.86</td>
<td>18.81</td>
</tr>
<tr>
<td>Organization of thoughts</td>
<td>25</td>
<td>100</td>
<td>65.10</td>
<td>24.19</td>
</tr>
</tbody>
</table>
Application of PPCP on APPEs

Who used PPCP on APPEs:
- Nobody
- Faculty Only
- Outside Precptor Only
- Both Faculty and Outside Preceptor
How has application of PPCP been helpful on APPEs?
How are you applying PPCP on APPEs?
Summary of experiential application

• Have students/residents read the PPCP

• Explain the utility of it in practice

• Provide standardized ways of applying it in practice (data collection forms, etc.)

• Regularly reinforce that the learner is applying it
Poll question 3

- Do you plan to introduce/reinforce PPCP with your students and residents?
  A. Yes
  B. No
  C. I am open to it, but need more development
Poll question 4

- What is the biggest barrier to implementing PPCP in training your students/ residents?
  A. It will take too much time to revise my rotation materials and tools
  B. I am still unsure that JCPP PPCP is any different than what I already teach
  C. This is just a new fancy terms to what pharmacists already do, no change is needed
Questions