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The Role of the Intern Pharmacist in IPPE and APPE Rotations

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Disclosure Statement

We have no actual or potential conflict of interest in relation to this program. We do not have a financial interest/arrangement, affiliation or relationship with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this program.
At the completion of this activity, the intern pharmacist will be able to:

- Explain the requirements of IPPE and APPE
- Describe the various APPE activities involving the following:
  a. Direct patient care
  b. Interprofessional interactions
  c. Dispensing and medication distribution systems
  d. Medication monitoring and oversight systems
  e. Professional development
- Review strategies on how to maximize IPPE and APPE
Requirements of IPPE

- IPPEs total no less than 300 clock hours of experience and is purposely integrated into the didactic curriculum
- A minimum of 150 hours of IPPE are balanced between community and institutional health-system settings
- Simulated practice experiences may be used to mimic actual or realistic patient care situations, but do not substitute for the 150 clock hours of IPPE time in community and health-system settings
Requirements of APPE

- Goal: Integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and behaviors developed in the Pre-APPE curriculum
- APPE curriculum includes no less than 36 weeks (1440 hours) and students are exposed to a minimum of 160 hours in each required APPE area
- APPE practice settings include:
  - Community pharmacy
  - Ambulatory patient care
  - Hospital/Health-System pharmacy
  - Inpatient general medicine patient care

*Accreditation Council for Pharmacy Education*
APPE activities

- Direct patient care
- Interprofessional interactions
- Understanding dispensing and medication distribution systems
- Medication monitoring and oversight systems
- Professional development
Direct Patient Care

- APPEs are of sufficient length to permit continuity of care of individual patients
- Integrating acute, chronic, and wellness-promoting patient care services in outpatient and inpatient settings
Direct Patient Care Goals

- Interacting face to face with a diverse population of patients
- Optimizing individual patient drug therapy outcomes
- Consulting with and advising patients on self care products
Direct Patient Care Goals

- Delivering evidence-based care through the retrieval, evaluation, and application of findings for scientific and clinical literature
- Ensuring continuity of care as patients transitions between healthcare settings
- Engaging in activities designed to further advance evidence-based therapeutic decision-making, collaborative interprofessional team-based care, clinical services, and systems management
Interprofessional Interactions

- Acquire in-depth experience in delivering patient care as part of an interprofessional team:
Interprofessional Interactions

- Identifying, evaluating, and communicating the appropriateness of the patient’s specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, delivery systems, etc.
- Development of professional self-awareness, capabilities, responsibilities, and leadership
- Interprofessional interactions practice pearls
Dispensing and Drug Distribution Systems

- Appropriately dispensing medications to a diverse population of patients
- Participating in the supervision, oversight, and direction of the medication dispensing/distribution systems
- Administering medication in a safe and legally acceptable manner
- Interacting with third-party payers to optimize individual patient medication therapy
Dispensing and Drug Distribution Systems

- Working competently with the technology associated with various practice settings
- Participating in the management of systems for storage, preparation, and dispensing of medications
- Participating in purchasing activities
- Participating in the management of medication use systems and applying the systems approach to medication safety
Drug Monitoring and Oversight Systems

- Identification and prevention of medication errors and interactions
- Maintaining and using patient profile systems
- Prescription processing technology
Drug Monitoring and Oversight Systems

- Managing the medication therapy regimen by monitoring patient outcomes
- Identifying and reporting medication errors and adverse drug reactions
- Engaging in pharmacovigilance activities designed to detect, assess, understand, and prevent medication-related problems
- Participating in the health system’s formulary process
- Participating in the pharmacy’s planning and quality improvement program
Pharmacy Operations:
The Role of the Staff Pharmacist
Staff Pharmacist Roles (abbreviated)

- Drug preparation & distribution
- Drug information & education
- Drug monitoring, safety, & oversight
- Systems optimization & compliance
- Inventory, formulary, & cost management
- Emergency response
- Order verification
Teamwork in Pharmacy: Division of Tasks
Division of Tasks: Levels of Care

- ED
  - Med / Surg
  - IMU
  - ICU
  - +
Division of Tasks: Transitions of Care

Admissions  Transfers  Discharges

Home  SNF  Deceased
Division of Tasks: The Life Cycle of an Order
Division of Tasks: The Life Cycle of an Order

“Clinical”
- Monitoring
- Medication Order
- Verification

“Operational”
- Administration
- Delivery
- Checking
- Filling
Clinical vs Operational Pharmacists?
Behind the Scenes: Even More Pharmacists

- Management
- Medication safety
- Formulary & purchasing
- Information & technology
- Research (investigational drugs)
- And more!
Order Verification Primer

“It doesn’t matter who we are. What matters is our plan.”

– Bane, *The Dark Knight Rises*
My Core Philosophy

- Orders are not for drugs.
- Orders are for solutions to patients’ problems.
- You can object to any drug you like, as long as you have a better solution to offer.
Your Role = Optimize Therapy

- Safe
- Appropriate
- Optimal
Speed vs Productivity
Speed vs Productivity
Step 0 – Prioritize

- How urgently is the order needed?
- How long has the order been waiting?
- How quickly can you get the order done?
Practice

- Which order would you work on 1\textsuperscript{st} / 2\textsuperscript{nd} / 3\textsuperscript{rd}?

1. (Waiting 10min) – Ondansetron 4mg IV x1
2. (Waiting 5min) – Warfarin per pharmacy
3. (Waiting 3min) – Vancomycin per pharmacy
Step 1 – Figure out the problem

- Example: Ceftriaxone 1g IV q24h

- What could the problem be?
- How could you find that information?
Step 2 – Assess the order

- Safe? Appropriate? Optimal?
- Clinically and operationally?
Practice

- Ceftriaxone 1g IV q24h for 35M with meningitis

1. Safe?
2. Appropriate?
Practice

- Ceftriaxone 1g IV q24h for 35M with urosepsis
- UCx = *E coli* S: ceftriaxone

1. Safe?
2. Appropriate?
3. Optimal?
Step 3 – Decide what to do

Anything to fix?

Can you fix it yourself?

- Verify
- Fix it, then verify
- Contact to fix, Then respond
Feedback is meant to guide you in a self-driven improvement process, as follows:
Feedback should not be taken personally, but should be used to optimize your progress, as follows:
Professional Development

- Begins with feedback with your preceptor
- Becomes an independent process
- Continues throughout your career
Strategies for Maximizing APPE & IPPE Experiences

CASE STUDIES & PEARLS OF WISDOM
“Tell me and I forget, teach me and I may remember, involve me and I learn” – Benjamin Franklin
Practice Experience Pearl #1

Iam Student is walking through the OR on her first day of rotation. The preceptor is giving an overview of the area and points out the surgery board where others are standing and reviewing. Iam sees the patients’ names and the type of surgery that they are going to have that day. She then says aloud, “Oh, a hip replacement…that’s boring.”

• Discussion:
  • What is the impression that the learner is giving?
  • How can this affect them in the future?
  • How can this learner improve?
"It's not your work, Hannon — it's your attitude."

"A little professionalism, people. When asking a patient to undress, we do not giggle."
Brain Teaser #1

What word in the English language is always spelled incorrectly?
Future Pharmacist is starting his 2\textsuperscript{nd} week of medicine rotation which has been known to be one of the toughest rotations according to past students. The preceptor asks 3 questions in a row which stumps him. He begins to tear up…

\begin{itemize}
  \item Discussion:
  \begin{itemize}
    \item How should this situation be handled?
    \item What are the preceptor’s expectations?
  \end{itemize}
\end{itemize}
Brain Teaser #2

I’m an odd number, take away 1 letter, and I become even. What number am I?
Practice Experience Pearls #3

Over Confident is on his last rotation of the year. In six weeks, he’s about to graduate from Top Notch School of Pharmacy. Nothing can hold him back now! On his last rotation, he’s been coming in a little late and leaving a little early. Assignments aren’t finished on time. He’s been dressing in scrubs…everyday. He’s also taking initiative in the pharmacy…he’s telling the technicians to pull medications and being helpful by checking it off and having it sent to the floors.

• Discussion:
  • What is the impression that the learner is giving?
    • What feedback can be given?
  • Does it matter what the type of rotation it is?
    • Medicine versus administration?
  • How can this affect them in the future?
  • How can this learner improve?
Setting personal expectations & goals

- Why we set high expectations
  - [https://www.youtube.com/watch?v=Elav44kQYUo](https://www.youtube.com/watch?v=Elav44kQYUo)

- If you don’t set personal expectations, you’ll be satisfied with cucumbers
  - [https://www.youtube.com/watch?v=-KSryJXDpZo](https://www.youtube.com/watch?v=-KSryJXDpZo)
Pearls of Wisdom – Don’t just take it from us!

- Success during rotations and life can be attained by simple rules
  - Show up when expected and on time
  - Show up well dressed and professionally
  - Show up prepared

- Relax and learn – that’s why you’re here.

- Patients are not assignments; you are caring for patients, not completing assignments!

- Not all of your rotations will be as exciting, easy, challenging as you think they should be. But, there are learning experiences in each of them.

- Come to work everyday with a good attitude.

https://spahp.creighton.edu/sites/spahp.creighton.edu/files/basic-page/file/Pearls_of_Wisdom%202008.pdf
Pearls of Wisdom – Don’t just take it from us!

- Always reflect at the end of your day and ask how you can improve.
- Ask questions when you don’t know, ask questions when you want to know; ask questions when you’re not sure.
- At the end of every question answered is a patient.
- Don’t take rejected recommendations personally.
- Work together.
- Expect the unexpected and do your best.
- You are a role model and the future of pharmacy.

https://spahp.creighton.edu/sites/spahp.creighton.edu/files/basic-page/file/Pearls_of_Wisdom%202008.pdf
I’m an odd number, take away 1 letter, and I become even? What number am I?

sEVEN
1. Which of the following is a requirement of an APPE experience?:

A. APPE curriculum includes no less than 36 weeks (1440 hours)
B. Students are exposed to a minimum of 160 hours in each required APPE area
C. A & B
D. Student are exposed to a maximum of 160 hours in each required APPE area

**Answer choice: C**

2. APPE activities can involve the following:

A. Direct patient care
B. Understanding dispensing and drug distribution systems
C. Drug monitoring and oversight systems
D. All of the above

**Answer choice: D**

3. Opportunities for interprofessional interactions include all of the following except:

A. Clinical settings
B. Real time telephonic
C. There are no opportunities for interprofessional interactions while competing IPPE requirements
D. A & B

**Answer choice: D**
References

1. Guidance for the accreditation standards and key elements for the professional program in pharmacy leading to the doctor of pharmacy degree. Accreditation Council for Pharmacy Education. February 2015.

2. Accreditation standards and key elements for the professional program in pharmacy leading to the doctor of pharmacy degree. Accreditation Council for Pharmacy Education. February 2015.

Thank you!

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