COURSE DESCRIPTION – PHAR 763 AMBULATORY CARE PHARMACY PRACTICE
Semester course; daily for 5 weeks. 5 credits. This course consists of 200 hours of advanced pharmacy practice experience in an ambulatory care, multidisciplinary practice setting. These sites may include hospital-based clinics, physician group practices, safety net clinics, and managed care facilities that provide health care directly to patients. Students will actively participate in obtaining patient medical and medication histories, evaluating drug therapies, developing pharmacy care plans, monitoring patients’ therapeutic outcomes, consulting with physicians and non-physician providers, and providing education to patients and health care professionals. Graded as H/HP/P/F.

LEARNING OBJECTIVES
Upon completion of this course, the student will be able to:
1. Apply principles of pharmacotherapy to patient care.
2. Identify, resolve, and prevent medication-related problems and manage medication therapy to ensure that medications are appropriate, safe, effective, and used correctly.
3. Communicate effectively with patients and caregivers to elicit candid health information.
4. Provide patient education that is culturally sensitive and at the appropriate level of health literacy.
5. Communicate relevant, concise, comprehensive, and timely information through oral and written communication in a clear manner using appropriate terminology and vocabulary for healthcare professionals.
6. Apply appropriate drug reference sources (electronic and printed) to retrieve drug-related information to identify, resolve, and prevent drug-related problems.
7. Discuss the pathophysiology, signs, symptoms, and treatment options for common diseases seen in the ambulatory care setting.
8. Describe the clinical pharmacology of commonly used medications in the ambulatory care setting.
9. Demonstrate communications, attitude, behaviors, and appearance as articulated in the Attributes of Professionalism policy.

EXPECTED ACTIVITIES
With the preceptor’s guidance and supervision and as appropriate for the practice site, expected activities to help the student achieve the learning objectives will include, but are not limited to:
1. Discuss and/or participate with preceptors in the medication use process: prescribing, transcribing/documenting, dispensing, administering, and monitoring.
2. Discuss patient cases with preceptors, including differential diagnosis and therapeutic alternatives.
3. Obtain accurate and complete new patient medication histories.
4. Perform medication reconciliation for patients transitioning from one care setting to another (e.g., home, hospital, nursing home, assisted living) and ensure patient understanding.
5. To be fully prepared for patients’ appointments, assess patient information – e.g. past medical history, pertinent physical examination findings, nutritional status, laboratory values, and procedural results – prior to appointments to identify active problems and monitor/manage pharmacotherapeutic drug regimens.
6. Discuss usual and unusual presentation of signs and symptoms of common medical and drug-related problems, including the potential likelihood of adverse drug reactions.
7. Apply evidence-based literature and clinical practice guidelines to enhance professional knowledge, decision-making, and pharmacotherapeutic outcomes for patient care.
8. Discuss how a patient’s beliefs, biases, economic status, and social situation influence the provision of pharmacy care and incorporate into decision-making as appropriate.
9. Document pertinent patient findings, assessments, and plans in SOAP notes and/or the patient’s medical record as appropriate for the practice setting.
10. Present patient cases using SOAP or other structured format.
11. Provide a current medications list to patients on multiple chronic and PRN medications.
12. Counsel patients on appropriate use of medications, including administration, safety, and adherence, and document in the patient’s medical records.
14. Contact patients by telephone when indicated to gain or communicate information related to medication therapies, upcoming visits, monitoring, education, or for follow-up.
15. Identify, evaluate, and communicate the appropriateness of specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems to prescribers, and to patients and caregivers as appropriate.
16. Explain the rationale for specific monitoring parameters, such as vital signs and laboratory data, as they relate to either the medications or the medical problem of each patient.
17. Interpret drug serum concentrations, perform pharmacokinetic calculations, and make pharmacy care plan adjustments as appropriate for the site.
18. Make recommendations for prescription and nonprescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies, and complementary and alternative therapies as part of the pharmacy care plan and as appropriate for the practice site.
19. Make recommendations for laboratory tests in accordance with practice agreement protocols and/or the site’s established standards of practice.
20. Effectively perform select physical assessment skills such as blood pressure, point-of-care tests, heart rate, foot exam and others, as appropriate for the practice site.
21. Identify and report medication errors and adverse drug reactions according to site policy.
22. Develop concise, applicable, comprehensive, and timely responses to requests for drug information from health care professionals, citing references to the evidenced-based literature.
23. Discuss how formularies (private insurance, Medicaid, Medicare and $4-cash plans) affect product selection and patient care.
24. Present one or more oral presentations (formal or informal, as appropriate for the site) related to assigned patient cases, drug information inquiries, evidence-based medicine topic, in-service education, and/or article relevant to patient care at the site.

25. Complete assigned projects.

OPTIONAL ACTIVITIES
With the preceptor’s guidance and supervision, optional activities to help the student achieve the learning objectives may include, but are neither expected nor limited to:

A. Develop motivational interviewing skills.
B. Discuss impact of tobacco, alcohol, and/or illicit drug use and impact on pharmacotherapy options.
C. Discuss use of prescription drug monitoring systems as appropriate and available.
D. Provide in-service education to health care professionals regarding appropriate use of medications, medical conditions, wellness, dietary supplements, and medical and drug devices.
E. Attend grand rounds, professional meetings, or other continuing education events.
F. Triage patients for care by other health professionals when needed.
G. Explain the benefits of Medicare Part D and medication therapy management services (MTMS) to older adult, and help them select a prescription drug benefit plan.
H. Discuss the impact of private insurance, Medicare, and Medicaid programs on pharmacist services, including medication therapy management (MTM).
I. Demonstrate ability to accurately use site-specific technology (electronic medical record, prescription processing, etc.).
J. Discuss automation, technology, and information systems at the site.
K. Participate in discussions of contemporary topics pertinent to ambulatory care pharmacy practice.
L. Participate in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative, and safety requirements.
M. Participate in discussions and assignments concerning key health care policy matters that may affect pharmacy.
N. Participate in the design, development, marketing, and payment process of new patient services.
O. Discuss the Pharmacists’ Patient Care Process developed by the Joint Commission for Pharmacy Practitioners (JCPP): using principles of evidence-based practice, pharmacists collect, assess, plan, implement, and follow-up/monitor and evaluate patient care.

READING TO MAXIMIZE THE PHARMACY PRACTICE EXPERIENCE
Prior to the start of the rotation, the student should review clinical practice guidelines, disease states, lab values, physical assessment skills, top 200 drugs, and class notes. The preceptor may also assign reading prior to and/or during the rotation which may include, but not be limited to journal articles, best practices, medication safety standards, professional association web sites, and other materials pertinent to the learning experience. In addition, review “Making Feedback Helpful” in your online RXpreceptor account (www.corehighered.com/login-elms.php) > Document Library.

SUGGESTED DISCUSSION TOPICS
Diseases/Therapeutics
Anticoagulation therapy
Arthritis
Asthma
Atrial fibrillation
Beers criteria of medications considered inappropriate for older adults
Cardiovascular disease
Chronic heart failure (CHF)
Chronic obstructive pulmonary disease (COPD)
Coronary artery disease (CAD)
Decreasing anticholinergic burden in older adults
Deep vein thrombosis (DVT)/ pulmonary embolism (PE)
Depression
Diabetes in adults and children
Drug-drug, drug-food, & drug-lab interactions
Dyslipidemias
HIV/AIDS
Hormone replacement therapy (HRT)
Hypertension
Increasing immunizations in all patients
Insomnia
Nephrology – renal dysfunction, end state renal disease (ERSD)
Osteoporosis
Pain management
Peptic ulcer disease (PUD)
Polypharmacy, resolving duplicative therapy
Preferred recommendations for children, adults, and older adults
Preventing falls in older adults
Thyroid disorders
Upper respiratory infections
Urinary tract infections/pyelonephritis

**General Pharmacy Practice**
Health screening events
Healthy People 2020
Medicare Part D Prescription Benefit Plans (PDPs)
Look-alike/sound-alike drug names
Medication safety resources of the Institute for Safe Medication Practices (ISMP)
Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model, v2.0
Patients at high risk for ADRs
Prevention of med errors

**Regulatory/Legislative**
Laws and regulations governing collaborative drug therapy management (CDTM)
National health care reform
National Patient Safety Goals of The Joint Commission
Report of the Virginia Health Reform Initiative Advisory Council (Dec 2010)
The Joint Commission standards governing ambulatory health care
EVALUATIONS
Evaluations will be completed in your online RXpreceptor account using a grading rubric that describes performance requirements. At both the mid-point and the conclusion of the course/rotation, the student self-evaluates their competencies and professionalism for the purpose of self-reflection to identify areas for improvement. In addition, the student will evaluate the preceptor and the rotation at the conclusion of the rotation for the purpose of providing feedback to the school and the preceptor. The student is encouraged to share this evaluation with the preceptor at any time. However, the school will not share this evaluation with the preceptor until the end of the academic year and only in an anonymous, aggregate fashion.

At both the mid-point and the conclusion of the course/rotation, the preceptor evaluates the student’s competencies and professionalism. Provided the student passes the professionalism evaluation, the preceptor’s final competencies evaluation determines the student’s grade for this course/rotation. The competencies grade and the professionalism grade are independent of each other. Regardless of the competencies grade, the student will fail the rotation if the professionalism evaluation is failed. Termination and failure of the rotation can result from these infractions: an unprofessional act deemed as such by the preceptor or authorities at the practice site; breach of patient or site confidentiality; persistent display of disinterest and apathy; excessive tardiness; excessive absences; or inappropriate personal use of internet access, computer, or phone.

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<tr>
<th>COMPETENCY GRADING SCALE</th>
<th>PROFESSIONALISM GRADING SCALE</th>
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<tr>
<td>Honors</td>
<td>Pass</td>
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<tr>
<td>High Pass</td>
<td>3.75 – 4.00</td>
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<td>Fail</td>
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POLICIES
Absences and Tardiness During Rotations
Attendance during each assigned rotation period is mandatory except for pre-approved excused absences as described below. Illnesses, employment, potential job or residency interviews, bereavement, inclement weather, family/personal events, traffic delays, failed alarms, or other absences or tardiness do not take priority over rotation assignments. If the student is unable to attend required rotation hours and responsibilities because of such circumstances, the student must notify their preceptor immediately or ahead of time when possible, and for each day they will be absent. Time away from the rotation site for such circumstances must be made up in order to fulfill the course requirements and Board of Pharmacy licensure requirements. (For more information, see the Rotation Absence & Make-Up Time form in your online RXpreceptor account > Document Library (www.corehighered.com/login-elms.php).

In the event of inclement weather, the student must adhere to the instructions of the preceptor and site. If the preceptor excuses the student due to weather conditions, the time missed should be made up before the end of the rotation. The decisions of VCU to close due to inclement weather do not apply to students on rotations.

Chronic tardiness, chronic absences, and unexcused absences, as documented by the preceptor, will be reported to OEE and may result in failure of the rotation.
Time away from rotations for pre-approved excused absences does not have to be made up. Pre-approved excused absences are granted for three (3) purposes only:

a) Four (4) designated holidays: Memorial Day, Independence Day, Labor Day, and Thanksgiving Day. The days preceding and following the holiday are regular rotation days. As will occur in practice as a pharmacist, the student may be asked to work on the actual holiday and be off on another day. (Christmas Day and New Year’s Day fall during the winter break when no rotations are scheduled.)

b) Attending the VCU SOP Employment and Residency Fair (aka Career Day/Fair in the Fall), in whole or in part.

c) Attending a state, regional, or national meeting provided the student has approval in advance in writing from the Dean’s Office, for a specific number of days that may vary from student to student. (See Attendance at Professional Meetings While on Rotation below)

### Attendance at Professional Meetings While on Rotation

Students are encouraged to participate in the activities of professional organizations, and if in good academic standing, may receive a pre-approved excused absence from the Dean’s Office to attend a meeting of a professional pharmacy organization.

If the student wants to attend a professional state, regional, or national meeting, the student must first submit an online Absence Request to the Dean’s Office (according to guidance contained in the Student Handbook) and secure prior approval for the excused absence for a specific number of days. It will be considered a violation of the Honor Code to make false or misleading statements on the Absence Record form. The maximum number of days for pre-approved excused absences will vary from 1 to 4 (excluding Saturday and Sunday) for travel and meeting attendance and will vary from student to student. In addition to seeking the pre-approved excused absence from the Dean’s Office, the student should request their preceptor’s permission to attend the professional meeting when contacting the preceptor at least one month prior to the rotation.

The student will provide a copy of the approved Absence Record form to the preceptor if requested. Students are not required to make up these pre-approved excused absence days for attending professional meetings; however, time missed to attend professional meetings will be deducted from the student’s internship hours reported to the Virginia Board of Pharmacy.

If the student does not secure a pre-approved excused absence to attend the professional meeting, then the time missed to attend the meeting must be made up.

### Attributes of Professionalism

The following describes the attributes of professionalism expected from students, faculty, and staff in the School of Pharmacy:

**Scholarship & Commitment to Excellence**: Actively engaged; demonstrates strong work ethic; strives to exceed minimum requirements; punctual; prepared; conscientious; seeks additional knowledge and skills

**Accountability & Initiative**: Accepts personal responsibility; demonstrates reliability and follow-through with commitments in a timely manner; accountable for his/her performance; recognizes limitations and seeks help when necessary; addresses individuals who demonstrate unacceptable behavior

**Self-Growth & Self-Care**: Commits to life-long learning; seeks & applies feedback for improvement; sets & achieves realistic goals; maintains personal health and well-being; avoids harmful behaviors
Responsibility & Sense of Duty: Contributes to the profession; provides service to the community; follows established policies

Compassion & Respect for Others: Displays empathy; considerate; cooperative; sensitive; respectful of different socioeconomic backgrounds & cultural traditions; avoids promoting gossip & rumor; respects authority

Integrity & Trustworthiness: Demonstrates high degree of integrity, truthfulness, and fairness; adheres to ethical standards; maintains confidentiality

Teamwork & Professional Demeanor: Interacts effectively with others; listens & communicates effectively; willing to assist others; flexible; nonjudgmental; controls emotions appropriately; inspires trust; carries oneself with professional presence

Concern for the Welfare of Patients: Treats patients & families with dignity; respects patient privacy, values and belief systems; advocates for patients; places patients’ needs above their own; promotes a culture of safety.

Blood-Borne Pathogen Exposure During Experiential Education

Policy: Students enrolled in the VCU School of Pharmacy shall adhere to all OSHA Blood-borne Pathogens Standard requirements and consider an exposure to blood and/or body fluid as a medical urgency for evaluation by a specially trained health care practitioner.

Background: Exposure to blood-borne pathogens may occur with any experiential learning activity in the Smith Building, the facilities of the VCUHS and Clinics or beyond the MCV campus (e.g., facilities in the community, the government, or the industry).

Procedures:
1. If a student experiences a blood or body fluid exposure, they should:
   a. Immediately wash the site for 5 minutes with soap and water or flush eyes with normal saline or tap water for 15 minutes (remove and discard contact lenses)
   b. Report the injury to a supervisor
   c. Obtain a medical history on the source patient and have blood specimens drawn: HIV, Hepatitis B surface Antigen, Hepatitis C antibody & Hepatic panel. (Previously drawn labs are acceptable if dated in the past 30 days; the source patient's verbal assurance of being disease free is not acceptable in any situation.)
   d. Contact or go to VCU Student Health, 828–9220, 1000 East Marshall, room 305 (Student Health will always be available for consultation. Students rotating at locations away from MCV campus should receive initial evaluation and testing at the away site via arrangements made prior to rotation by the Program's Director.)
   e. Complete incident report form (as appropriate for each location)

2. Students Enrolled in the University Student Health Services Exposed to a Potential Blood-borne Pathogen from a Source Patient at VCUHS or Affiliated Ambulatory Clinics

In the event of an accidental exposure to blood or body fluids (e.g., needle stick, blood or body fluid contamination to a cut or scrape, mucous membrane exposure) during the hours of 8:00 a.m. to 4:30
p.m., Monday through Friday, the student should report to the University Student Health Services. If the exposure occurs after hours or the weekend or holidays, the student should contact the Post-Exposure Prophylaxis (PEP) Team via pager (dial *60, then dial 4085 and leave call back number; if outside VCUHS, dial 804-828-4999, then dial 4085 and leave call back number) or visit the VCUHS Emergency Room.

A member of the PEP Team will contact the student to assess the injury and provide appropriate counseling. The PEP Team will work with area personnel to assure that appropriate laboratory tests are obtained from the source patient. The exposed student is then to be followed by the University Student Health Service, at the earliest possible opportunity (i.e., the next business day) for additional counseling and baseline laboratory tests. Additionally, if the student does not provide results of serological testing from the source patient, he or she will be instructed how to do so. Verbal reports will be accepted.

3. Students assigned to the Inova campus on a full-time basis are required to obtain health insurance and thus should obtain an immediate evaluation by the health care provider associated with his or her health plan.

4. Students Enrolled in the University Student Health Services Exposed to a Potential Blood-borne Pathogen from a Source Patient Outside VCUHS and Affiliated Ambulatory Clinics

In the event of an accidental exposure to blood or body fluids (e.g., needle stick, blood or body fluid contamination to a cut or scrape, mucous membrane exposure), the student must notify the Assistant Dean for Experiential Education (804-828-3059) or the Office of the Associate Dean for Admissions and Student Services (804-828-3000). If located within an hour of the University Student Health Services, the student should adhere to the procedures for MCV campus students. If located beyond an hour of the University Student Health Services, the preceptor at the site will assist the student in obtaining treatment and having the source patient tested. The VCU School of Pharmacy will pay for the initial laboratory testing of the student and the source patient if the student does not have health insurance. The VCU School of Pharmacy will also pay for emergency treatment of the student, if necessary, before the student is able to return to the University Student Health Services.

5. Expense Associated with Exposure Incidents

All medical evaluations and procedures are available at no cost to any student who has paid the University Student Health Service fee, as a requirement of registration. Serological tests conducted on source patients at VCUHS and Affiliated Ambulatory Clinics will not be the financial obligation of the student. Serological tests and emergency treatment conducted outside VCUHS and Affiliated Ambulatory Clinics are not considered the responsibility of the University Student Health Service. These expenses will be handled on an individual basis by the VCU School of Pharmacy for students registered in academic course work. Students will be responsible for paying for all subsequent non-emergency personal post-exposure laboratory testing and treatment if services are not obtained at the University Student Health Services.

**Inova Health System’s Exposures Control Plan**

**General Guidelines:**
- Use needleless systems and other safety engineered devices
- Work practice controls
- Never shear, break, bend, or recap contaminated needles/sharps
• Never recap except in cases when recapping is required by the procedure -- use one-handed technique
• Sharps Injury Log – Data collected regarding date, time, type of sharp, etc. to research and determine if event could have been prevented and/or effectiveness of safety devise
• What to do if exposed – Refer to Inova Exposure Information Line (703) 664-7500 for specific facility guidelines
  o Do not panic
  o Wash site immediately
  o Flush with water
  o Do not use bleach
  o Report immediately
  o Exposures do not always lead to infection
  o Risks of contracting infections
    1. HBV 6-30%, 1 in 6
    2. HCV 2-10%, 1 in 20
    3. HIV 0.3%, 1 in 300
• Follow safe work practices – exposure can be prevented
• Inova’s Exposure Control Plan is located in the Human Resources Manual – Policy #7008
• Copies of Inova’s Exposure Control Plan and the OSHA Blood-borne Pathogen Standard can be made available to employees upon request
• Resources available for interactive questions and answers
  o Department Directors and Supervisors
  o Employee Occupational Health Services Personnel
  o Infection Control Practitioners
  o Infectious Disease Physicians

*The VCU School of Pharmacy Experiential Education Manual* of all policies and operations procedures may be found in RXpreceptor ([www.corehighered.com/login-elms.php](http://www.corehighered.com/login-elms.php) [log in] > Documents Library), or on the school’s website ([www.pharmacy.vcu.edu](http://www.pharmacy.vcu.edu) > Programs > Pharm.D. > Office of Experiential Education > Preceptors or Students > Manual.

**The following policies may be found at:**
1. Campus Emergency Information
2. Class Registration Required for Attendance
3. Copyright Statement
4. Honor System: Upholding Academic Integrity
5. Important Dates
6. Mandatory Responsibility of Faculty Members to Report Incidents of Sexual Misconduct
7. Military Short-Term Training or Deployment
8. Student Conduct in the Classroom
9. Student Email Policy
10. Student Financial Responsibility
11. Students Representing the University – Excused Absences
12. Students with Disabilities
13. VCU Mobile
14. Withdrawal from Classes