



**INTRODUCTORY PHARMACY PRACTICE EXPERIENCE III
INTRO to LONG TERM CARE
PHAR 5119**

8/22/16 – 12/8/16

Instructor:

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St. John Fisher College of Pharmacy IPPE III (Long Term Care)

Welcome to the Introductory Pharmacy Practice Experiences III! This rotation is the third of four introductory rotations offered at the Wegmans School of Pharmacy. The focus of this rotation will provide the student with knowledge and experience in performing patient interviews and providing medication management for long term care residents. Please review the course manual thoroughly, as professionals the student will be responsible for the content contained within.

PHAR 5119 consists of both experiential and classroom time during the 15-week semester. Students will attend a classroom session once per week. In addition, students will be assigned a long term care resident at Monroe Community Hospital to visit and interview for a minimum of 2 hours on each of the 5 assigned rotation days. Classroom activities will include lecture via Power Point/Turning Point as well as guest speakers from different professions within long term care.

The student will document patient interviews into SOAP note format as well as complete specific tasks. Tasks must be approved by the class instructor and if not acceptable, will be repeated until designated as acceptable by the instructor. Students will also complete patient interventions while at their rotation site using the MCH Pharmacy Intervention Form. These interventions will be reviewed by the pharmacy staff at MCH for their comment(s). If changes are needed, the MCH staff member will “reassign” the intervention so the appropriate changes can be made and re-uploaded.

The student must keep an electronic portfolio in E*Value (E-Portfolio/MyFolio). The instructor should review the portfolio and discuss with the student areas of potential growth and educational plans in regards to the pharmacy profession.

A reminder: Patient confidentiality must be respected at all times!

Confidentiality

Patient information is private. We are entrusted with the patients’ trust to look into their private lives. The patients trust us as being health care professionals. Therefore, confidentiality is the foundation for the establishment of trust between patients and health care providers. The students are expected to not discuss any patient information that they have encountered at their rotation sites outside of their learning environment. Any infraction will result in immediate dismissal from the site and a failing grade will be given for the rotation. The student will be reported to the Student Progress Committee.

IPPE-III Overview

1. ATTENDANCE: Attendance is considered mandatory and may be taken by the course coordinator at any time for their own personal use. **The lecture component will utilize experts in long term care from other disciplines who are donating their own time and energy to educate you; it is considered unprofessional to miss class unexcused.** If a situation arises that you won't be able to attend class, please let the course coordinator know via email ASAP.
2. TASKS/HOMEWORK: One of the primary objectives of this course is to introduce the student to medication management of long term care residents using the DHHS CMS State Operations Manual. In order to accomplish this objective, students will be required to complete weekly tasks designed to reinforce what is taught in class. Tasks are listed in the syllabus and in the classroom topic and task schedule of this manual. Each task will be assessed and completion verified by the classroom instructor in E*Value. Students will be required to make appropriate changes until tasks are designated as acceptable. Students may want to refer to the MCH Medication Monitoring form when completing various tasks/assignments.
3. RESIDENT INTERVIEWS AND CPC NOTES: Students will interview their assigned resident and review the chart, each visit focusing on the resident's concerns. **The student will complete a reflection on one of these interactions before the 1st due date of their CPC.** Because communication with long term care patients is unique to communications with other populations, the student should reflect on how the encounter went, do they feel they were able to connect, were they able to gain information about the resident's drugs/disease states, etc.

Each student will complete CPC notes for visits within one week after the second and fourth visits. The students will upload their CPC note to Coursework in E*Value and a designated faculty member will review the CPC note and either accept or request revisions on the assignment. If not acceptable, the faculty reviewer will give the student specific feedback within 2 weeks of submission and ask the student to make the appropriate changes and re-submit. The student is expected to re-submit the adjusted CPC note into Coursework in E*Value within 1 week of receiving feedback. **As per the syllabus, if your resident is permanently discharged from MCH for any reason before your 3rd visit to MCH, you will have to complete a new CPC note on a new patient. If your resident is permanently discharged after your 3rd visit, then you will be assigned "challenge assignments" for your 4th and 5th visits.**

4. MCH INTERVENTIONS: Students are required to perform at least one pharmacy intervention while at MCH. Interventions will be documented on the MCH Pharmacy Intervention Form (see back of manual) and evaluated by a designated MCH pharmacist. Students will email their intervention idea to their designated MCH pharmacist who will contact them with feedback. The MCH pharmacist may discuss the appropriateness of the intervention in person or by email. Students will be required to make appropriate changes until the intervention is designated acceptable. Once complete, the student will turn in a printed copy to the MCH pharmacist for sign off and upload the completed intervention into Coursework for instructor verification. **Please remember to remove all patient identifiers prior to uploading this form to Coursework.** Students will be required to identify an intervention and submit an MCH Intervention Form by week 7. **It is highly recommended that you complete this task ASAP so interventions are not made by other consulting pharmacists!**

5. Upload to E-Portfolio:

At the end of the rotation, the student will upload a copy (in either Word or PDF format) of their patient intervention to their E-Value portfolio. This can be found under “MyFolio”, then “MyFolio” again, “SJFC WSOP Electronic Portfolio,” “Curricular/Co-Curricular Accomplishments,” “P3 Year Accomplishments,” then “IPPE-III Patient Intervention.” This is mandatory for all students and should be done within 7 days of attending your last rotation day.

6. EMPATHY: One of the primary goals of this unique rotation will be to heighten the student’s ability to empathize with a patient who is a resident of a LTC facility. This ability will be achieved in two ways:

- a. Students will be assigned one patient to interview and spend time with during the entire rotation period. Understanding the difficulties and individual needs of their patient will enable the student to close the gap between didactic learning and “real life”. Understanding what impact drug therapy decisions may have will encourage the student to consider the patient as a person and not a room number or a list of medications.
- b. Students will witness a medication administration pass. This provides the student with an awareness of barriers or challenges in administering medication to the elderly or other long term care patients. This task will allow the student to consider not only the right drug, for right patient, at the right time, etc., but whether it is the right dosage form/route of administration for their patient. (See item 4 above).

As a reminder, students must remove all patient identifiers from any written homework/SOAP notes before submitting them for review or uploading them to Coursework in E*Value!

7. FORMATIVE ASSESSMENT: The formative assessment at week 7 will consist of the following:

- a. Student is progressing towards completion of a drug intervention
- b. Student receives a status of acceptable on all weekly tasks to date or is in the process of revising a task to receive this designation, and
- c. Student has a satisfactory review of SOAP note entries by the instructor.

For students at risk for failure during a formative assessment, a written plan of action for improvement should be composed by the instructor and student, and signed by the student and instructor.

8. STUDENT SIGN IN/OUT: Students must sign the WSOP sign in/out book which is located at the safety desk upon arrival and departure from the site.

9. MCH BADGES: Students will pick up an MCH badge when signing in and return it upon signing out daily. Students must also wear their intern badges. **All MCH badges must be returned before grades are submitted in mid-December or a \$10 replacement charge will be charged to the student.**

10. PARKING at MCH: Students may park in the south (canal) side parking lot. Each student should report to the operators (information) desk and meet Dr. Zak using the south (canal) side entrance of the building on the first day of their rotation. Be prepared to be placed with your patient and work on your nursing unit the first day of rotation.

11. FINAL ASSESSMENTS: Student assessments of preceptor/instructor and rotation site must be completed in E*Value by the last day of the semester.

Clerkship/Rotation Policies & Regulations

The student is responsible for reading the content of the clerkship manual and is expected to follow the policies and regulations as stated. Any infringements may lead to automatic dismissal from the site and failure of the rotation.

I. **Pre-requisite**

The student must successfully complete all other required courses in the first and second professional years at the Wegmans School of pharmacy, and possess a valid intern permit.

II. **Health records**

Students should have all site required health records up to date (physical examination, immunization, PPD or CXR...) before starting rotation. These requirements will vary by site. Copies of these records must be in the Wellness Center and hand carried in your rotation portfolio to the rotation site. Failure to adhere to this policy may result in the delay of completing your rotation.

III. **Professional insurance**

St. John Fisher College arranges liability insurance for students registered in this course each year.

IV. **Site Selection**

1. A site assignment is tentative and does NOT guarantee that a student will attend that site.
2. Student is responsible for ALL expenses associated with attending site.
3. Students may NOT have a first degree relative as a preceptor.
4. Students may not receive academic credit for working at a site where they are currently employed.
5. Students will NOT accept any remuneration from the site while on rotation.
6. For IPPE-I, APPE Institutional, or APPE Community, students may **NOT** select a rotation site at which they are currently employed.
7. The Director of Experiential Education or assigned preceptor can refuse a student assignment if she/he feels there may be a conflict of interest.
8. For IPPE I and APPE Community Pharmacy a student may not select a site where they have been employed in the past.
9. For IPPE-III, IPPE-IV, APPE Ambulatory Care, APPE Acute General Medicine or APPE Electives, a student may NOT select a site where their potential preceptor would have a dual role as a preceptor and a "boss" or "job reviewer". If the assigned preceptor does not have such a role, then the student can perform a rotation in an institution where they are currently employed.
10. Students who feel that they may not meet the above guidelines should contact the Director of Experiential Education and the prospective preceptor before selecting the site.

V. **E- Portfolio**

The student will assemble and maintain an E-portfolio in E-Value. At the end of the rotation, the student will upload a copy (in either Word or PDF format) of their patient intervention to their E-Value portfolio. This can be found under "MyFolio", then "MyFolio" again, "SJFC WSOP Electronic Portfolio," "Curricular/Co-Curricular Accomplishments," "P3 Year Accomplishments,"

then “IPPE-III Patient Intervention.” This is mandatory for all students and should be done within 7 days of attending your last rotation day.

VI. Grading

Grading will be Satisfactory (Pass) or Unsatisfactory (Fail). Failure of either portion of the course (rotation or didactic lecture) will mandate repeating the entire course.

VII. Evaluations

The instructor/preceptor will evaluate the student throughout the rotation; formal and informal feedback is encouraged. The student must evaluate the instructor/preceptor and the rotation site at the end of the semester. Failure to adhere to this policy may result in an incomplete grade or failure if required documents are not completed and received by the Experiential Education Office by their due date.

VIII. Weather conditions

a. All students should follow the weather advisory from SJFC regarding cancellation or delay of classes on campus. However, the students who cannot travel to their sites due to hazardous weather conditions should immediately notify their instructor and the Experiential Education Office at (585) 385-7249. Attendance policy still applies regarding make up days and missing days.

IX. Dismissal from sites

a. All students are representing Wegmans School of Pharmacy and the Pharmacy profession during their presence at the rotation site. Therefore, professionalism and the highest standards are expected from students during their training at the sites.

b. The Department of Pharmacy Practice and the site reserve the right to dismiss any student who does not uphold a professional attitude during the clerkship time. Any student caught under the influence of any substance of abuse/addiction, or caught stealing from the site will be dismissed automatically and fail the rotation. The student will then be reported to the Student Progress Committee.

X. Academic Honesty & Plagiarism

a. St. John Fisher College has a firm policy concerning academic dishonesty that includes, but is not limited to, cheating, plagiarism, or any other action that misrepresents academic work as being one's own. Students are expected to demonstrate academic honesty in all coursework, whether completed in-class or not, individually, or as part of a group project. All students are expected to be familiar with the details of the Policy on Academic Honesty, which are found in the current Student Handbook.

XI. Professionalism

a. As consistent with the expectations of a professional and practice environment, professional behavior, dress and attitude are expected for all students enrolled in this course. Examples of professional behavior include, but are not limited to, appropriate demeanor, grooming, punctuality, and civility.

XII. Confidentiality & HIPAA

Patient information is private. We are entrusted with the patients' trust to look into their private lives. The patients trust us as being a health care professional. Therefore, confidentiality is a foundation for the establishment of trust between patients and health care providers. The students are expected not to discuss any patient information that they have learned from their rotation sites outside of their learning environment. The student will also complete and abide by any site specific HIPAA requirements. **Any infraction will result in immediate dismissal from the site and a failing grade will be given for the rotation.**

Instructor/Preceptor (P) and Student (S) Rotation Reminders:

Week 1-3

1. Instructor to review manual with students during orientation and first class. (P)
2. Complete first patient interview, add CPC note to E*Value Coursework (Learning Modules). (S)

Week 2-14

1. Review task due the next week. (P)
2. Review, comment, and verify in E*Value (if acceptable) last week's completed task. (P)
3. MCH preceptor will assess completed or proposed intervention by week 7. (P)
4. Verify CPC note from 1st patient visit by week 5 (P)
5. Verify CPC notes from visits 2-4 by week 15. (P)
6. Complete weekly tasks when assigned and add to E*Value portfolio. (S)
7. Complete weekly interview and CPC notes, add to E*Value portfolio. (S)
8. Complete all items listed on Task/Activities Outline. (S)
9. Sign MCH sign in/out form during weekly visits. (S)
10. Complete the preceptor/instructor and rotation site final assessments in E*Value at week 14. (S)

Week 15

1. Completed rotation assignments available in E*Value portfolio for instructor final review by Thursday of week 15. (S)
2. Upload patient intervention to E-portfolio in E-Value. Instructions above. (S)
3. Turn in your MCH badge to the OEE after your final visit to MCH (S)

Class Room Topic, Task and Student Presentation Schedule

The tasks listed in the following table must be successfully completed by the student and uploaded on Coursework in E*Value. Successful completion of all activities will be verified in Coursework by the instructor. The activity may be repeated until the student masters the activity. Satisfactory (passing grade) completion of the course requires the instructor verifies successful completion of all assigned tasks in Coursework.

<u>Date</u>	<u>PHAR 5116 Class Schedule</u>
WEEK 1 8/22	Lecture Topic: Introductory Session to IPPE III / Manual and Syllabus Review (Zak/Veneron)
	Task 1: Review the websites of clinical resources listed on page 354 of the CMS manual. Find the "Practice Resources – Senior Care Pharmacy" section on the ASCP.com website. Read the detailed description of a Senior Care Pharmacist, and summarize this description in your own words
WEEK 2 8/29	Lecture Topic: Intro to Med Regimen Review (Dr. Zak)
WEEK 3 9/5	** LABOR DAY – NO CLASS **
WEEK 4 9/12	Lecture Topic: Beers List/StoPP/START Criteria – Dr. Zak
	Task 2: Which references at or outside of MCH do you prefer and why?
WEEK 5 9/19	Lecture Topic: Hospice Care – Dr. Aaron Olden, MD
	Task 3: List your patient's drugs and the corresponding indications for use Task 4: Identify a potential unnecessary drug in your patient or one that you should monitor for the potential to discontinue (e.g. medication that was being used for acute treatment but no longer appropriate)
WEEK 6 9/26	Lecture Topic: Adventures in Lab-Land – John Veneron
WEEK 7 10/3	Lecture Topic: Dr. Tom Caprio – Geriatric Assessment
	Task 5: Identify an antipsychotic or sedative/hypnotic or other psychopharmacologic medication that could be tapered or indicate the next time that you should evaluate if tapering is indicated. List the factors important to consider when deciding to taper the dose. If your patient isn't receiving a medication from one of these 3 classes pick a medication from a different class of drugs
WEEK 8 10/10	Lecture Topic: : Geriatric Physical Therapy – Mary Weidert, PTA
	Task 6: Develop a medication monitoring plan including drug specific monitoring procedures such as laboratory tests and their scheduled frequencies for your patient. Use MCH Medication Monitoring Table and Medication Issues/Concerns Table as a guide
WEEK 9 10/17	Lecture Topic: Clinical Pearls – John Veneron
	Task 7: Identify an example of duplicate therapy or potential need for dose modification in your patient. If current dose or duplicate therapy is off label but appropriate explain why
WEEK10	Lecture Topic: Elective Night – Drs. Zak and Delmonte + Ms. DiGiorgio

10/24	Task 8: Identify an example of non-pharmacologic therapy in your patient
WEEK 11 10/31	Lecture Topic: Geriatric Social Work – Debra Faria, LCSW (MCH)
WEEK 12 11/7	Lecture Topic: Geriatric Wound Care – Barb Zimmer-Presutti, RN, WCC
	Task 9: List potential adverse consequences including drug interactions that your patient is at risk for. List a drug that if added to your patient’s regimen would require you to initiate an intervention due to the potential for a drug interaction and describe why
WEEK 13 11/14	Lecture Topic: Geriatric Dentistry and Chronic Dry Mouth – Dr. Adina Jucan, DDS
WEEK 14 11/21	** Thanksgiving week – No Class **
WEEK 15 11/28	Lecture Topic: Clinical Pearls – John Veneron
Week 16 12/5	Lecture Topic: Course Review/Finale – Dr. Zak and John Veneron

Final Student Evaluation of Instructor

(Complete E*Value by Thursday, week 15)

Please answer statements in E*Value with the following key:

- 1 = Strongly disagree
- 2 = Disagree
- 3 = neither Agree nor Disagree
- 4 = Agree
- 5 = Strongly agree

Criteria			
My instructor exemplifies the characteristics of what a professional pharmacy practitioner should be.			
My instructor gave me feedback on a regular basis.			
My instructor's feedback helped me improve my performance.			
My instructor (or designee) was available when I needed help with a problem.			
My instructor asked questions that caused me to explore issues and answer questions.			
My instructor answered my questions clearly.			
My instructor helped me to work independently as needed.			
My instructor displayed dedication to teaching.			
My instructor corrected my errors in a positive way.			
My instructor alerted me to potential areas of improvement.			
My instructor acknowledged when I did something well.			
My instructor was fair in evaluating me.			
Overall my instructor is an effective teacher and practitioner.			
The evaluation methods and criteria were reviewed with me early in the rotation.			Yes or No

Would you recommend this rotation to other pharmacy students? If no, please elaborate and what would you suggest for changes?

Final Student Evaluation of Rotation Site
(Complete in E*Value by Thursday week 15)

Please answer statements in E*Value with the following key:

- 1 = Strongly disagree
- 2 = Disagree
- 3 = neither Agree nor Disagree
- 4 = Agree
- 5 = Strongly Agree

I received enough exposure to long term care medication management.
The rotation site provides an environment conducive to your learning.
The length of the rotation experience is suitable to your learning.
The site provides enough resources.
I had adequate time with my patient to complete the required tasks/assignments.
The pharmacy staff at my rotation site was accessible and helpful.
The healthcare professionals on my patient's unit were accessible and helpful.

Suggestions: What would you change?

EXPERIENTIAL EDUCATION ABSENCE REQUEST FORM

St. John Fisher College
3690 East Avenue
Rochester, NY 14618
Phone: 585-385-7249
Fax: 585-385-5295

*Except for emergency, this form MUST be submitted to the Experiential Education Office
10 days prior to your requested days.*

Student name _____ Date _____

Rotation type and dates _____

Site name and address _____

Instructor name and phone number _____

Dates requested off for current rotation _____ Total days requested off to date _____

(include all IPPE and APPE rotations)

Reason for requested days off - be specific (e.g., Sick, funeral, etc. - days to be made up in future). Any excused/unexcused non-emergency absence NOT documented on this form may result in failure of the rotation:

_____ (continue on back)

Preceptor approved makeup dates and times:

Date	Start Time	End Time	Total Hours
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Instructor/preceptor signature _____

Date _____

Matthew Zak, Pharm.D. _____ Date _____

Sample Action Plan

IPPE-III Action Plan for: STUDENT NAME

Date:

Student X received an overall average of 2.5 for the formative preceptor assessment of student at week 5. Student X and I discussed the problem of repetitively showing up late for rotation (6:30AM instead of 6AM as expected). The student stated that child care was the issue but now realizes the importance of showing up on time and will make alternate child care arrangements. The student has agreed to be on time for the remainder of the rotation. I reminded the student that any future violations of rotation policies and regulations will result in failure of the rotation.

Student Signature _____

Preceptor Signature _____

cc: Matthew Zak

COPY OF FORM TO USE FOR PHARMACY INTERVENTIONS

**MONROE COMMUNITY HOSPITAL
DEPARTMENT OF PHARMACY SERVICES**

DATE: _____

TO: _____

FROM: _____

RE: **NYS MANDATED MEDICATION REGIMEN REVIEW FOR:**

PATIENT: _____ UNIT: _____

A monthly pharmacist review of the medication profile of the above named patient was undertaken as mandated by Federal and NYS regulation. The following comments and/or suggestions are presented to you as a result of that process:

Thank You, _____

Signature of Pharmacist

Please contact me in the Pharmacy (Ext. 6108), if additional information is required on this matter.

RESPONSE:

The above comments and/or suggestions were reviewed by me and my response is:

_____ Agree and have taken follow-up action.

_____ Don't agree.

_____ Will review and respond.

See following comments: _____

Signature of Physician

Examples of common Pharmacy Interventions at MCH collected from patient chart reviews:

1. Fosamax therapy prescribed without calcium & vitamin-D supplementation
2. Epogen therapy without iron supplementation
3. Epogen therapy without routine lab work.
4. Isoniazid therapy without pyridoxine supplementation. ...physicians [don't] order B-6 25-50mg/day unless the pharmacist recommends it.
5. Metformin: if the renal clearance is less than 60ml/min we leave a note advising the physician of the increased risk of lactic acidosis. If the resident has one or more of the following three co-morbid conditions: CHF, COPD, Peripheral Vascular Disease, then we recommend immediate discontinuation.
6. Lithium therapy without thyroid monitoring...[monitor] at least annually. Lithium isn't used as much anymore but sometimes prescribers forget that lithium is thyroid toxic.
7. Allergy medication (antihistamines, nasal sprays) use after the first frost. A lot of folks come into long term care on these medications. Windows are closed & the air conditioning is on...do they still need the medication? You have seasonal sufferers who only need the meds for a few weeks out of the year and those that need it year around. We get the medications d/c'd after the first frost for the seasonal sufferers. A lot of the time it doesn't get reordered the following spring, because the environment within the home has eliminated the need for the medication. Steroid nasal sprays are expensive & time consuming for nursing to administer. Antihistamines can cause drowsiness & add to the anticholinergic burden of the resident.
8. Comfort care / hospice... not necessarily the same situation (we have some comfort care folks that have been around three years and counting). If the pharmacist doesn't intervene they [hospice patient] will go to their final reward still on: multivitamins, fosamax, calcium supplements, statins, you name it.
9. Depakote for treatment of agitation: low doses are used, usually 125-250mg/day. The physicians get really annoyed if the pharmacist reminds them they aren't monitoring serum levels. Or, if for some reason the medical staff has not ordered serum levels...we can remind them it's not necessary (they probably wrote the order automatically)...saves the home a couple of \$\$\$ and the resident may get "stuck" one less time. They still have to monitor for adverse effects (platelets, LFT).

Two general items: 1) nursing homes help keep costs down by employing nurse practitioners, NPs/PAs can really use our assistance; 2) Any pharmacy recommendation should be in the form of a question - if you have a fact, state the fact then make your recommendation.