

PHM 184P: Pharmacotherapeutics II Lab
Spring 2017

Course Coordinator: Molly Curran, PharmD
 Office: PHR 2.222BA
 Office Phone: 512-232-0828
 Email: molly.curran@austin.utexas.edu
 Office hours: By appointment

Facilitators:

	Section	Location	Facilitator	Contact Email
Monday 1:00 – 4:00 PM	60200	PHR 3.114A	Mitch Lestico, PharmD	MLestico@austin.rr.com
	60205	PHR 3.114B	Jennifer Ridings Myhra, RPh, MEd	jennifer.ridings-myhra@austin.utexas.edu
	60210	PHR 3.114D	Hannah Eberle, PharmD	Heberle@seton.org
Tuesday 1:30 – 4:30 PM	60230	PHR 3.114A	Nathan Pope, PharmD	NPope@austin.utexas.edu
	60235	PHR 3.114B	April Hinds, PharmD	April.hinds@austin.utexas.edu
	60240	PHR 3.114D	Philip Lai, PharmD, BCPP Donna Burkett, MS, RPh Tanner Moser, PharmD	plai@utexas.edu Donna.burkett@austin.utexas.edu MtMoser@seton.org
Wednesday 1:00 – 4:00 PM	60215	PHR 3.114A	Suzanne Novak, MD, PhD	SNovak@austinor.com
	60220	PHR 3.114B	Sharon Rush, RPh	Sharon.Rush@austin.utexas.edu
	60225	PHR 3.114D	Jim Wilson, PhD Rich Wilcox, PhD Jason Jokerst, PharmD, BCPS Maaya Srinivassa, PharmD, CDE	James.Wilson@austin.utexas.edu WilcoxRich@austin.utexas.edu Jason.jokerst@communitycaretx.org Maaya.Srinivasa@communitycaretx.org
Thursday 1:30 – 4:30 PM	60245	PHR 3.114A	Barbara Lucke, PharmD	Blucke@utexas.edu
	60250	PHR 3.114B	Kristin Bohannon, PharmD	KBohannon@seton.org
	60255	PHR 3.114D	Elizabeth Lass, PharmD Samantha Vogel, PharmD Wendy Liu, PharmD	ELass@seton.org SVogel@seton.org WLiu@seton.org
Friday 1:30 – 4:30 PM	60260	PHR 3.114A	Christian Tellinghuisen, PharmD	ctellinghuisen@utexas.edu
	60265	PHR 3.114B	Jennifer Shin, PharmD	Jennifer.shin2@stdavids.com
	60270	PHR 3.114D	Molly Curran, PharmD Stephanie Chang, PharmD	molly.curran@austin.utexas.edu SChang2@seton.org

Teaching Assistants: TBA

Pharmacotherapeutics II laboratory (PHM 184P) is a problem-based laboratory that integrates the pathophysiology, medicinal chemistry, pharmacology, and therapeutic aspects of various diseases in order to prepare students to make sound therapeutic decisions.

PHM 184P is designed to use a team-based approach to case studies designed to apply the basic knowledge taught during the didactic pharmacotherapeutics course.

Note: PHM 194P is a separate course from the didactic PHM 685E. The purpose of this lab is NOT to help prepare for examinations in the pharmacotherapeutics didactic lecture course. All attempts have been made so that primary disease states in the laboratory section are covered after they are reviewed in the didactic lecture. Given the nature of this laboratory, there will be times when patients present with multiple medical problems and may cover material prior to didactic lecture. At this point, students should review current references, guidelines and texts to begin to review these conditions. Additionally, cases in this lab may focus on material covered in previous semester, so you are expected to retain and build upon concepts from previous courses.

Faculty facilitators will be present at each class period. They will take attendance, encourage discussion and grade you on your performance. They will not lecture, correct erroneous information or make sure that everyone participates. Each facilitator will have their unique style- some may add extra facts or personal experience to the discussion, while others may believe that student independence within a discussion is a desirable trait and employ a hands-off approach.

Course Co-requisites: Credit or registration for Pharmacotherapeutics II (PHM 685E)

Course Objectives:

1. Encourage group discussion, teamwork and synergy in finding answers to basic and clinical questions arising from case study
2. Facilitate development of drug information skills by learning to find and use multiple clinical references (e.g. guidelines, drug databases, primary literature)
3. Design, implement, monitor, and document pharmacotherapeutic plans to ensure exemplary patient care in patient cases
4. Identify, assess, and solve medication-related problems (e.g. drug-drug interactions, adverse effects, etc)
5. Evaluate patient problems to assess for opportunities for interprofessional integration/referrals
6. Communicate succinct written plans for acute and chronic use of medication therapy
7. Perform pharmacy calculations (dose calculations, rate calculations, dose conversions, etc)

Required Course Materials:

12 week subscription to Neehr Perfect (\$45). This is an educational deployment of an EHR (Electronic Health Record). The same subscription will also be utilized as part of your Clinical Skills Laboratory class. Details on how to sign up/access Neehr Perfect will be posted in CANVAS during the semester.

Optional Course Materials:

- Mary Lee, Interpreting Laboratory Data, 5th edition (2013).
- Stedman's Medical Dictionary for Health Professions and Nursing, 7th Ed., Lippincott, Williams and Wilkins (2011); or other Medical Dictionary
- Washington University School of Medicine Department of Medicine, The Washington Manual of Medical Therapeutics, 35th Edition (2016).
- Marc Sabatine, Pocket Medicine, 6th Edition (2016).
- Neil M Davis, Medical Abbreviations: 30,000 Conveniences at the Expense of Communications and Safety, 14th ed (Paperback- November, 2008)
- Karen J Tietze, Clinical Skills for Pharmacists, 3rd ed. (2011)
- Richard Maxwell, Maxwell Quick Medical Reference, 6th edition (2015)

Additional reading material (guidelines, review articles, etc) may be posted on CANVAS at the discretion of the TAs, facilitator or course coordinator.

Course Website and Communications:

The course website will only be available to students registered in the course via CANVAS at canvas.utexas.edu. The CANVAS site will contain assignment information, useful references, links to NeehrPerfect, information about NeehrPerfect cases, the course syllabus and other course materials. It will serve as the official place to submit group SOAP'IM notes. Additionally, CANVAS will be used to communicate and collaborate online, distribute course materials, and to post grades. If you require support using CANVAS, contact the ITS help desk at 512-475-9400.

Use of Email for Official Correspondence to Students:

E-mail is recognized as an official mode of university correspondence. You are responsible for reading your e-mail for university and course-related information/announcements regularly and frequently (daily is recommended, but at minimum 2x per week), as well as to keep the University informed about changes to your e-mail. Consider setting notifications in CANVAS to allow you to be informed of any course changes or postings in CANVAS in a timely manner. UT Austin's policies and instructions for updating your email address can be reviewed at <http://utexas.edu/its/help/utmail/1564>

Attendance:

Attendance is mandatory in PHM 184P and will be taken promptly at the beginning of laboratory sessions. No unexcused absences will be permitted and each unexcused absence will result in a zero for the laboratory session. *Each unexcused absence will result in a letter grade deduction of the final course grade.*

Excused absence requests are only accepted in the case of emergency, illness or college function approved by the Dean. In ALL cases, the student should contact the course coordinator and TA BEFORE missing a laboratory. It is not acceptable to contact your facilitator or make the facilitator responsible for contacting the course coordinator/TAs in the event of an emergency.

If you have an excused absence, it is your responsibility to make up material covered in the lab session and you will be required to complete an alternate assignment per the discretion of the course coordinator/TAs or to attend a laboratory session on another day. Switching to other laboratory sessions will only be permitted to due to excused absences and must be approved in advance by the course coordinator. Advance notice lessens the hardship on the facilitators, other students, and TAs who are attempting to keep track of lab reports and grades.

If you are attending a professional state (i.e. TSHP) or national (i.e. APhA) meeting that conflicts with your lab day, you must contact the course coordinator a minimum of fourteen days (2 weeks) before the meeting in order to make arrangements for a makeup lab. For all other absences, please contact the course coordinator, as soon as you know that you will need to schedule a makeup lab.

Religious Holy Days:

By UT Austin policy, you must notify the course coordinator of your pending absence at least fourteen (14) days prior to the date of observance of a religious holy day. If you must miss a class, an examination, a work assignment or a project in order to observe a religious holy day, you will be given an opportunity to complete the missed work within a reasonable time after the absence.

Course and Grading Policies:

The course grade will be calculated as follows:

<p>Process & Participation (Appendix A)</p> <ul style="list-style-type: none"> • Individual participation grade determined weekly by the facilitator • Each week’s grade is weighted equally 	50%
<p>Case Report Completion (Appendix B/C)</p> <ul style="list-style-type: none"> • Grade for group SOAP’IM Note or Care Plan • Each week’s report is weighted equally 	50%

All grades will be posted in CANVAS ®

Process & Participation (130 pts- 10 pts per session)

50% of grade will be based on individual participation in laboratory (see facilitator grading sheet in appendix A) . Participation is not necessarily equated with “correctness”, but it is based on meaningful input. Considerations facilitators use to evaluate participation may include, but are not limited to:

- Discussion of relevant clinical information
- Interactions with fellow group members- constructive agreement or disagreement
- Keeping the group stay focused on task
- Asking questions if you feel an element of the case is unclear
- Suggesting methods for organization or pertinent clinical information
- Professionalism

Professionalism comprises several important traits, particularly collegiality and participation:

1. Collegiality refers to:
 - a. Collaborative interaction with your peers, facilitator, TA and course coordinator
 - b. Constructive conversation with your peers
 - c. Mature, respectful attitude and behavior overall
2. Participation refers to:
 - a. Consistent involvement in all aspects of the laboratory
 - b. Meaningful oral and written contributions to laboratory concepts
 - c. Insightful investigation, asking questions as necessary for clarification and edification.
3. Both of the above aspects require regular discussion and attendance
4. Consider whether or not someone would write you a letter of recommendation or would be willing to serve as a reference for you at the end of class. i.e. your performance has ramifications beyond the classroom

Case Report Completion

50% of grade will be based on group reports prepared during the laboratory session. There are 3 types of reports that will be generated during this laboratory in order to prepare you to implement the Pharmacists’ Patient Care Process (Appendix D) allowing you to collaborate, communicate and document an effective pharmacotherapeutic plan to fellow healthcare professionals

Each laboratory session report will be due to the TA via CANVAS and/or NeehrPerfect upload **48 HOURS** after the end of lab. Any report turned in late will result in a letter grade deduction (-8 percentage points) for each late day. This penalty will apply to all lab members in the section.

To ensure timely submission of each assignment, the group is encouraged to identify a student laboratory leader for each section who will be responsible for uploading the final, edited document to CANVAS and Neehr Perfect. Every member of the laboratory section should serve in this capacity, at least one week during the semester. Therefore, it may be helpful to identify the leader and establish a schedule amongst yourselves during the first session. There is a template on CANVAS that may be used to document these assignments and it is strongly recommended to email this information to your facilitator, your TA, the course coordinator, and all laboratory members.

Reports will be graded by TAs based on the criteria provided in Appendix B.

There are 3 types of assignments during the semester (examples of each are available on CANVAS):

- Drug Therapy Assessment Worksheet (DTAW)
 - During week 1, the DTAW will be completed with the assistance of your individual facilitator and will be submitted via CANVAS for your group's weekly case report completion grade
 - Feedback will be provided for your DTAW, but the grade will be a completion grade (full credit if submitted in time frame allotted)
 - After the first lab, you should individually complete a DTAW prior to your laboratory session to prepare for the week's laboratory discussion. These documents will not be graded, but may be incorporated to your facilitator's process and participation grade at their individual discretion, as it is a measure of your readiness to contribute to productive and collaborative laboratory session.
- Pharmacist's Care Plan
 - During weeks 2 and 3, the care plan will be submitted via CANVAS for your group's weekly case report completion grade.
 - The process of creating of a Pharmacist's Care Plan should be incorporated into the creation of subsequent SOAP'IM notes. The care plan will help you construct a systematic approach to creating a pharmaceutical care plan & will be useful for ensuring a thoroughly documented SOAP'IM note later in the semester
- SOAP'IM Notes
 - Subjective Objective Assessment Plan Implement Monitor (SOAP'IM) notes:
 - The purpose of the SOAP'IM is to succinctly communicate and document pertinent case information (subjective HPI/histories/review of systems and objective laboratory/physical exam/other data), assess the patient's active problem list, describe recommended treatment plans, discuss barriers to implementation/interprofessional consultations needed to truly address plan, address monitoring parameters pertinent to evaluating success of plan.
 - Initially your team's first SOAP'IM note will communicate the AP'IM portion for a single problem specified by the course coordinator. Subsequent SOAP'IM notes are expected to address all of a patient's active medical problems.

Starting week 3, all labs will be expected to prepare prescriptions or generate hospital orders for all RX and OTC medications recommended in the SOAP'IM or care plans. Templates for the outpatient prescriptions/hospital orders will be posted in CANVAS. These RX should either be attached to the note prior to CANVAS Submission or created in Neehr Perfect.

All lab sections are expected to complete the note individually as a section. Any similarities noted between lab section submissions will be documented and assessed for possible plagiarism. You are encouraged and expected to collaborate solely with the members of your lab section. Collaboration between sections will not be tolerated and may result in failing grades for the submission amongst ALL members of BOTH sections. Additionally, all students involved may be referred to student judicial services at the discretion of the facilitator or course coordinator.

Note: Brevity in SOAP'IM notes, DTAW, or care plans is encouraged. If your lab's care plan or SOAP'IM note has multiple mistakes or omissions, you may be asked to rewrite your work. Any required rewrites are at the discretion of the TA/course coordinator.

Final course grades may be adjusted downward (ie. Greater ranges for A, B, etc.), but not upward at the discretion of the course coordinator to account for variations in facilitator grading styles.

Course grading scale

92-100	A
85-91	B
75-84	C
65-74	D
Below 65	F

Course, Facilitator and TA Evaluation

Evaluations of the course, facilitators, TA may be request mid-semester and will be conducted at the end of the semester. All students are strongly encouraged to fill out these evaluations, as an aid to improving the course. Constructive feedback is always welcome throughout the semester and should be submitted directly to the Course Coordinator.

Cell Phones & Laptops

Cell phones should be muted or turned off during all laboratory sessions. Laptops may be used during the lab for class-related/note-taking related activities. If a student is found to be using their laptop during lab for other activities, they may be asked to leave and their facilitator may deduct process & participation points at their discretion.

Emergency Evacuation Policy

Occupants of building on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation: Familiarize yourself with all exit doors of the classroom and the building. Remember the nearest exit door may not be the one you used when you entered the building.

If you require assistance to evacuate, inform me in writing during the first week of class. In the event of an evacuation, follow my instructions or those of class instructors. Do not re-enter a building unless you're given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

Professional Dress

As a future pharmacist, your patients, subordinates, employers, and colleagues expect you to dress in a professional manner. Dress should be appropriate to the clinical environment. Patient's expectations for professional dress differ depending upon the setting where they receive their care. Most clinical settings, will require professional dress with a clean, white lab coat with your name clearly identified.

For this lab, all participants should abide by a **business casual** dress code:

- Men: full length slacks with dress shirt or polo shirt
- Women: Pants or skirts with blouses or dresses
- Everyone: Clean, white lab coat with your name clearly identified

No shorts (all pants must be below the knees), No denim clothing or jeans (of any color), No backless or muscle shirts, No flip flops, No athletic shoes

Not all possibilities are addressed above. Inappropriate dress, based on the above criteria or the facilitator's judicious discretion, will result in a warning, no credit for that day's work, and/or a letter grade reduction for the lab. If you are unsure if your dress is correct or appropriate, do not wear an item without asking first.

Reconsideration requests

If there is a disagreement over the answer to a specific question, one representative from the laboratory section should present the group's assignment plus a written explanation (with documentation- i.e. guidelines, primary literature, etc). Class notes, textbook excerpts or handouts alone will not be sufficient to grant a reconsideration request.

All requests must be submitted to the TA in a clear, rational and concise format within 48 hours of the graded assignment being distributed back to the group.

Scholastic Dishonesty (In accordance with the UT Austin Ombudsman office)

Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced.

Refer to the Student Judicial Services website at <http://deanofstudents.utexas.edu/sjs/> to access the official University policies and procedures on scholastic dishonesty, as well as, further elaboration on what constitutes scholastic dishonesty. In addition, see comments on plagiarism later in the syllabus.

ADA (Americans with Disabilities) Statement

Students with disabilities may request appropriate academic accommodations from the Division of Diversity and Community Engagement, Services for Students with Disabilities at 512-471-6259 (voice) or 512-232-2937 (video phone) or <http://www.utexas.edu/diversity/ddce/ssd>

Behavioral Concerns Advice Line (BCAL)

If you are worried about someone who is acting differently, you may use the Behavioral Concerns Advice Line to discuss by phone your concerns about another individual's behavior. This service is provided through a partnership between the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP) and The University of Texas Police Department (UTPD), Call 512-232-5050 or visit <http://www.utexas.edu/safety/bcal>

Campus Concealed Handgun Policy (Campus Carry)

Students should familiarize themselves with the information provided by the University regarding the implementation of "Campus Carry" legislation. You will find an information sheet specifically for students (as well as sheets for parents, visitors, faculty, and staff) at <http://campuscarry.utexas.edu/info-sheets>

UT Honor Code

The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the University is expected to uphold these values through integrity, honesty, trust, fairness and respect towards peers and community.

Therefore, cheating (such as falsely signing attendance sheets) will not be tolerated. Likewise plagiarism on case reports is major form of academic dishonesty. Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including failure of the course and dismissal from the University. Policies of scholastic dishonesty are strictly enforced. The Honor Code of the College of Pharmacy governs this laboratory.

Reminders about Plagiarism in PHM 184P

This section was derived based on historic events in this lab. Although, you "personally" may not require reminders or specific definitions, the following reminders and clarifications have been constructed out of an abundance of caution.

- Plagiarism = "To steal and use (the ideas and writings of another) as one's own" OR "To appropriate passages or ideas from (another) and use them as one's own" OR "To take and use as one's own the writings or ideas of another"
- With respect to laboratory case reports:
 - It is OK to study together (within your section) to prepare for the laboratory cases and it is OK (and expected) to discuss items for inclusion within DTAW, Care Plans, SOAP'IM notes to reach a laboratory section consensus)
 - Prohibited activities include:
 - Using the reports of other teams to aid in writing your team reports- this includes not only reports from the current semester, but also reports from previous semesters
 - Having the same words in your report or notes as the words/phrases in an article (without citation), textbook (without citation), or another group's report. If you choose to copy phrases/sentences from an article or text for accuracy purposes, you place those words in quotations and reference the source using a footnote (see example SOAP'IM note). Strive for any citation to be no longer than a few phrases or a sentence or two). Always strive to put ideas into your own words!
 - Copying portions of textbook material and listing global citations at the end of the report. Just because a source is listed in your reference list, does NOT mean that you can copy portions of the source to your report without a specific citation in the report body.
- What is NOT plagiarism?
 - When a report or document is written independently & new information is placed in your own words

- Citing sources for new information at appropriate places throughout the document

See example SOAP/IM note for recommended referencing format. All references should be documented in accordance with AMA format (For more detail: <https://www.lib.jmu.edu/citation/amaguide.pdf>)

Appendix A Facilitator Grading Rubric

Section	Point Value
Professionalism <ul style="list-style-type: none"> • Arrive on-time • Appropriate attire (per syllabus) • Mature, respectful attitude and behavior throughout lab period 	5
Participation <ul style="list-style-type: none"> • Discussion of relevant clinical information • Interactions with fellow group members- constructive agreement or disagreement • Keeping the group stay focused on task • Asking questions if you feel an element of the case is unclear • Suggesting methods for organization or pertinent clinical information 	5

Appendix B Pharmacist Care Plan Rubric (50 pts)

Section	Criteria	Point Value
Healthcare Needs	All actual and potential medical problems and drug-related problems as well as any other health care services from which the patient may benefit are identified <ul style="list-style-type: none"> • Deduct 15 points if the most clinically significant healthcare need is not identified • Deduct 10 points if am/ major healthcare needs are not identified • Deduct 5 points if any less critical healthcare needs are not identified 	15
Priority Ranking	Each health care need is appropriately prioritized by acuity relative to the others <ul style="list-style-type: none"> • Deduct 15 points if the most clinically significant healthcare need is not ranked #1 • Deduct 5 points for each of the healthcare needs of major clinical significance that are not categorized as such(maximum 10 points off) 	15
Therapeutic Goals	Goals are individualized and realistic <ul style="list-style-type: none"> • Deduct 7 points if a major error in goal setting is made that could result in an adverse patient outcome • Deduct 3.5 points for each clinically significant error made in goal setting (maximum 7 points off) 	7
Recommendations	Recommendations are individualized, realistic, and consistent with medical standards and principles of evidence-based medicine <ul style="list-style-type: none"> • Deduct 7 points if a major error in recommendation is made that could result in an adverse patient outcome • Deduct 3.5 points for each clinically significant error in recommendation made (maximum 7 points off) 	7
Desired Endpoints	Endpoints are reasonable and appropriate choices for the patient <ul style="list-style-type: none"> • Deduct 2 points if a major error in end point determination is made that could result in a suboptimal therapeutic outcome • Deduct 1 point for each clinically significant error made in endpoint determination (maximum 2 points off) 	2
Monitoring Parameters	Parameters are practical and effective measures of the desired endpoint <ul style="list-style-type: none"> • Deduct 2 points if a major error in monitoring parameter selection is made that could result in suboptimal monitoring of patient response to therapy • Deduct 1 point for each clinically significant error made in monitoring parameter selection (maximum 2 points off) 	2
Frequency	Frequency is reasonable for the plan and appropriate for the patient <ul style="list-style-type: none"> • Deduct 2 points if a major error in frequency choice is made that could result in suboptimal monitoring of patient response to therapy • Deduct 1 point for each clinically significant error made in frequency choice (maximum 2 points off) 	2

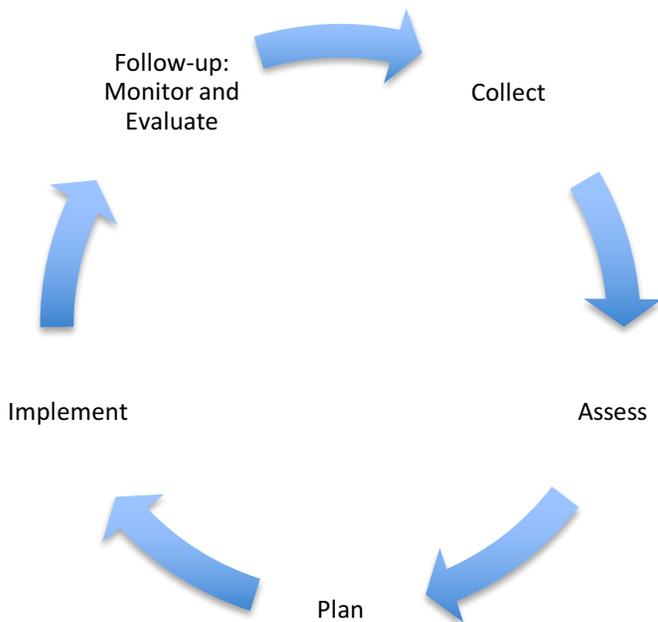
Appendix C SOAP 'IM Rubric (100 pts)

Section	Criteria	Point Value
Chief Complaint	A short statement that paraphrases the main reason the patient has come in to be examined/treated. This may be copied from the textbook.	0
Subjective Information	Describes (as applicable): <ul style="list-style-type: none"> • HPI • Identifies problem specific signs/symptoms in chronological order • Identifies previous treatments for primary problem (i.e. heating pad, OTCs, Rxs) • Lists past medical history • Lists patient-specific family history/social history • Complete medication list of all medications currently on prior to presentation (if provided by patient) • Allergies & reactions (if provided by patient) • Review of systems (not covered in HPI) 	10
Objective Information	Based upon information (as provided by case): <ul style="list-style-type: none"> • Complete medication list of all medications currently on prior to presentation (if obtained in medical record) • Allergies & reactions (if obtained in medical record) • Vital signs (i.e. Temp, BP, HR, RR, O2 sat, Ht, Wt, BMI) • Pertinent physical exam findings • Pertinent labs (including a CrCl calculated using Cockcroft-Gault) 	10
Assessment	Includes thorough problem list identifying all patient medical problems in order of severity (i.e. most critical problem listed first), for each problem: <ul style="list-style-type: none"> • Consider potential etiologies (pertinent differential diagnosis)/contributing factors for problems • Rule out non-contributing factors where appropriate • Evaluate whether problem is acute/chronic or active (ongoing)/controlled based on information from the H&P or subjective/objective sections • Assess appropriateness of current drug therapy (consider efficacy, side effects, drug/drug or drug/disease interactions for all current medications) • Assess role of non compliance/adherence 	20
Plan **NOTE recommending therapy that is CONTRAINDICATED will result in a 0 for this section**	Make appropriate pharmacotherapy recommendations for each problem on patient problem list by: <ul style="list-style-type: none"> • Listing goals and expected outcomes of therapy • Include plan for existing medications (with modifications as necessary) • Follow evidence-based guidelines (when appropriate) • Identify appropriate medication including information regarding dose, route, dosage form, frequency, duration • Identify appropriate non-pharmacological therapy • Justify or explain rationale for changes to patient therapy based on patient and/or drug specific data 	30
Implementation	For each problem on patient problem list: <ul style="list-style-type: none"> • Describe opportunities for interprofessional consultations to improve patient outcomes/ensure plan is executed (i.e. dietitians, social work, addiction counseling, dietary, etc) • Describe implementation processes with medical providers depending on site (may be listed one time for all problems): <ul style="list-style-type: none"> ○ In community, may have to phone physician to discuss changes ○ In clinic, implement changes as allowed per protocol & communicate other recommendations to prescriber ○ Inhospital, communicate medication recommendations to team • Use NeehrPerfect to either electronically enter orders or manually write prescriptions using template for medication changes that require new orders 	10

Monitoring	<p>Monitor for expected efficacy/side effects associated with the recommended drug therapy:</p> <ul style="list-style-type: none"> • Identify/List problem-specific monitoring parameters for efficacy • Identify/list problem specific parameters for adverse events • Include appropriate interval frequency for monitoring where relevant • Plans for the evaluation of compliance as needed 	15
Presentation	<ul style="list-style-type: none"> • Information presented is formatted in accordance with sample SOAP/IM note • References are formatted in accordance with AMA recommendations • All calculations are included & fully documented (if possible based on information provided): <ul style="list-style-type: none"> ○ CrCl (using cockcroft gault equation) ○ IBW ○ BMI ○ Corrected calcium ○ Corrected drug levels (if drug requiring monitoring is being used- i.e. phenytoin, etc) 	5

Appendix D Pharmacists' Patient Care Process

Using principles of evidence-based practice, pharmacists:



- **Collect:** The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient
- **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
- **Plan:** The pharmacist develops an individual patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective
- **Implement:** The pharmacist implements the care plan in collaboration with other health-care professionals and the patient or caregiver
- **Follow-up: Monitor and Evaluate:** The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals & patient or caregiver

Source: Joint Commission of Pharmacy Practitioners. *The Pharmacists' Care Process*

Schedule of Assignments

****CASES ARE SUBJECT TO CHANGE, BUT INFORMATION WILL BE POSTED TO CANVAS AT LEAST 1 WEEK IN ADVANCE****

Week	Patient Case	Prior to Lab*	In Lab- Turn in within 48hr
1 Jan 23-27	James Frank		DTAW Submit CANVAS
2 Jan 20-Feb 3	James Frank	DTAW	Pharmacist's Care Plan Submit CANVAS
3 Feb 6-Feb 10	Caleb Thibodeaux	DTAW	Pharmacist's Care Plan Submit CANVAS
4 Feb 13-17	Teri Collins	DTAW	SOAP'IM Note AP'IM portion ONLY covers primary problem (Asthma) Submit CANVAS
5 Feb 20-24	Bizzy Fuller	DTAW	Multi-problem SOAP'IM Note Submit copy on CANVAS
6 Feb 27- Mar 3	Alec Allard	DTAW	Multi-problem SOAP'IM Note Write in Neehr Perfect Submit copy on CANVAS
7 Mar 6- 10	Sarah Connor	DTAW	Multi-problem SOAP'IM Note Write in Neehr Perfect Submit copy on CANVAS
NO LABS SPRING BREAK Mar 13- 17			
8 Mar 20- 24	Jordan Johnson	DTAW	Multi-problem SOAP'IM Note Write in Neehr Perfect Submit copy on CANVAS
9 Mar 27-Mar 31	Paul Bartlett	DTAW	Multi-problem SOAP'IM Note Write in Neehr Perfect Submit copy on CANVAS
10 Apr 3- 7	Doug Gunderson	DTAW	Multi-problem SOAP'IM Note Write in Neehr Perfect Submit copy on CANVAS
11 Apr 10 – 14	Cooper Riley	DTAW	Multi-problem SOAP'IM Note Write in Neehr Perfect Submit copy on CANVAS
12 Apr 17-21	Alicia Watton	DTAW	Multi-problem SOAP'IM Note Write in Neehr Perfect Submit copy on CANVAS
NO LABS ALCALDE/TSHP Apr 24-28			
13 May 1-5	TBD	DTAW	Multi-problem SOAP'IM Note Write in Neehr Perfect Submit copy on CANVAS