PHM 184P: Pharmacotherapeutics II Lab  
Spring 2018

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

Nathan Pope, PharmD, BCACP, FACA  
Office: PHR 3.208D  
Office Phone: 512-471-5657  
Email: npope@utexas.edu  
Office Hours: By appointment

Facilitators:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Section</th>
<th>Location</th>
<th>Facilitator</th>
<th>Contact Email</th>
</tr>
</thead>
</table>
| Monday    | 1:00 – 4:00 PM| 59600    | PHR 3.114A | Jennifer Ridings Myhra, RPh, MEd  
Sara Linedecker, PharmD  
Leslie Simien, PharmD  
Donna Burkett, RPh, MS  
Paige Davies, PharmD | jennifer.ridings-myhra@austin.utexas.edu  
Sara.Linedecker@communitycaretx.org  
Leslie.Simien@communitycaretx.org  
donna.burkett@austin.utexas.edu  
paige.davies@ascension.org |
|           |               | 59605    | PHR 3.114B |                                                                              |                                                                                |
|           |               | 59610    | PHR 3.114D |                                                                              |                                                                                |
| Tuesday   | 1:30 – 4:30 PM| 59630    | PHR 3.114A | Daria Zavgorodnyaya, PharmD  
Martha Evans, PharmD  
David Jones, MD  
Lindsay Vasquez, PharmD, BCACP | daria.zavgorodnyaya@ascension.org  
martha.evans@ascension.org  
JonesD@uthscsa.edu  
Lindsay.Vasquez@communitycaretx.org |
|           |               | 59635    | PHR 3.114B |                                                                              |                                                                                |
|           |               | 59640    | PHR 3.114D |                                                                              |                                                                                |
| Wednesday | 1:00 – 4:00 PM| 59615    | PHR 3.114A | Suzanne Novak, MD, PhD  
Sharon Rush, RPh  
Philip Lai, PharmD, BCPP  
April Hinds, PharmD  
TBA | SNovak@austinor.com  
Sharon.Rush@austin.utexas.edu  
Phillip.Lai@communitycaretx.org  
April.Hinds@communitycaretx.org |
|           |               | 59620    | PHR 3.114B |                                                                              |                                                                                |
|           |               | 59625    | PHR 3.114D |                                                                              |                                                                                |
| Thursday  | 1:30 – 4:30 PM| 59645    | PHR 3.114A | Barbara Salazar, PharmD  
Caitlin Grisham-Takac, PharmD  
Mitzi Stansberry, PharmD  
Landry Volz Baysinger, PharmD  
Luis Ramirez, PharmD | Blucke@utexas.edu  
Catlin.Grisham-Takac@communitycaretx.org  
mzstansberry@gmail.com  
Landry.Baysinger@stdavids.com  
infinityfx@gmail.com |
|           |               | 59650    | PHR 3.114B |                                                                              |                                                                                |
|           |               | 59655    | PHR 3.114D |                                                                              |                                                                                |
| Friday    | 1:30 – 4:30 PM| 59660    | PHR 3.114A | Tanner Moser, PharmD  
Laura Meadow, PharmD  
Kelsey Melloy, PharmD  
Amy Carr, PharmD | mtmoser@ascension.org  
laura.meadow2@ascension.org  
kelsey.melloy@ascension.org  
amy.carr@ascension.org |
|           |               | 59665    | PHR 3.114B |                                                                              |                                                                                |
|           |               | 59670    | PHR 3.114D |                                                                              |                                                                                |

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 184P 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)

**Optional Course Materials:**
- Stedman’s Medical Dictionary for Health Professions and Nursing, 7th Ed., Lippincott, Williams and Wilkins (2011); or other Medical Dictionary
- Neil M Davis, Medical Abbreviations: 30,000 Conveniences at the Expense of Communications and Safety, 14th ed (Paperback-November, 2008)

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, 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](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 director/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:

<table>
<thead>
<tr>
<th>Process &amp; Participation (Appendix A)</th>
<th>Case Report Completion (Appendix B/C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Individual participation grade determined weekly by the facilitator</td>
<td></td>
</tr>
<tr>
<td>• Each week’s grade is weighted equally</td>
<td>• Grade for group SOAP’IM Note or Care Plan</td>
</tr>
<tr>
<td></td>
<td>• Each week’s report is weighted equally</td>
</tr>
</tbody>
</table>

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 24 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. 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.

**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 will be adjusted (ie. greater ranges for A, B, etc.), at the discretion of the course coordinator to account for variations in facilitator grading styles.

**Course grading scale**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>92-100</td>
</tr>
<tr>
<td>B</td>
<td>85-91</td>
</tr>
<tr>
<td>C</td>
<td>75-84</td>
</tr>
<tr>
<td>D</td>
<td>65-74</td>
</tr>
<tr>
<td>F</td>
<td>Below 65</td>
</tr>
</tbody>
</table>

PHM 184P | 4
Course, Facilitator and TA Evaluation
Evaluations of the course, facilitators, TA may be requested 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 Director.

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/ssp

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Criteria</th>
<th>Point Value</th>
</tr>
</thead>
</table>
| Professionalism              | • Arrive on-time  
• Appropriate attire (per syllabus)  
• Mature, respectful attitude and behavior throughout lab period                                                                                                                                       | 5           |
| Participation                | • 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)

<table>
<thead>
<tr>
<th>Section</th>
<th>Criteria</th>
<th>Point Value</th>
</tr>
</thead>
</table>
| 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  
• 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  
• 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  
• 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  
• 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  
• 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  
• 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  
• 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           |
<table>
<thead>
<tr>
<th>Section</th>
<th>Criteria</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Complaint</td>
<td>A short statement that paraphrases the main reason the patient has come in to be examined/treated. This may be copied from the textbook.</td>
<td>0</td>
</tr>
<tr>
<td>Subjective Information</td>
<td>Describes (as applicable):</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>• HPI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identifies problem specific signs/symptoms in chronological order</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identifies previous treatments for primary problem (i.e. heating pad, OTCs, Rxs)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lists past medical history</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lists patient-specific family history/social history</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Complete medication list of all medications currently on prior to presentation (if provided by patient)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Allergies &amp; reactions (if provided by patient)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review of systems (not covered in HPI)</td>
<td></td>
</tr>
<tr>
<td>Objective Information</td>
<td>Based upon information (as provided by case):</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>• Complete medication list of all medications currently on prior to presentation (if obtained in medical record)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Allergies &amp; reactions (if obtained in medical record)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vital signs (i.e. Temp, BP, HR, RR, O2 sat, Ht, Wt, BMI)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pertinent physical exam findings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pertinent labs (including a CrCl calculated using Cockcroft-Gault)</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>Includes thorough problem list identifying all patient medical problems in order of severity (i.e. most critical problem listed first), for each problem:</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>• Consider potential etiologies (pertinent differential diagnosis)/contributing factors for problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rule out non-contributing factors where appropriate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Evaluate whether problem is acute/chronic or active (ongoing)/controlled based on information from the H&amp;P or subjective/objective sections</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assess appropriateness of current drug therapy (consider efficacy, side effects, drug/drug or drug/disease interactions for all current medications)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assess role of non compliance/adherence</td>
<td></td>
</tr>
<tr>
<td>Plan</td>
<td>Make appropriate pharmacotherapy recommendations for each problem on patient problem list by:</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>• Listing goals and expected outcomes of therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Include plan for existing medications (with modifications as necessary)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Follow evidence-based guidelines (when appropriate)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify appropriate medication including information regarding dose, route, dosage form, frequency, duration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify appropriate non-pharmacological therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Justify or explain rationale for changes to patient therapy based on patient and/or drug specific data</td>
<td></td>
</tr>
<tr>
<td>Implementation</td>
<td>For each problem on patient problem list:</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>• Describe opportunities for interprofessional consultations to improve patient outcomes/ensure plan is executed (i.e. dietitians, social work, addiction counseling, dietary, etc)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Describe implementation processes with medical providers depending on site (may be listed one time for all problems):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o In community, may have to phone physician to discuss changes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o In clinic, implement changes as allowed per protocol &amp; communicate other recommendations to prescriber</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Inhospital, communicate medication recommendations to team</td>
<td></td>
</tr>
</tbody>
</table>
### Monitoring

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor</td>
<td>Monitor for expected efficacy/side effects associated with the recommended drug therapy:</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>• Identify/List problem-specific monitoring parameters for efficacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify/list problem specific parameters for adverse events</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Include appropriate interval frequency for monitoring where relevant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Plans for the evaluation of compliance as needed</td>
<td></td>
</tr>
</tbody>
</table>

### Presentation

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review</td>
<td>• Information presented is formatted in accordance with sample SOAP'IM note</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>• References are formatted in accordance with AMA recommendations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• All calculations are included &amp; fully documented (if possible based on information provided):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o CrCl (using cockcroft gault equation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o IBW</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o BMI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Corrected calcium</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Corrected drug levels (if drug requiring monitoring is being used- i.e.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>phenytoin, etc)</td>
<td></td>
</tr>
</tbody>
</table>

---

**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**

<table>
<thead>
<tr>
<th>Week</th>
<th>Patient Case</th>
<th>Prior to Lab*</th>
<th>In Lab- Turn in within 24hr</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jan 22-28</td>
<td>James Thompson</td>
<td>DTAW Submit CANVAS</td>
</tr>
<tr>
<td>2</td>
<td>Jan 29-Feb 2</td>
<td>James Thompson</td>
<td>DTAW Pharmacist’s Care Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Submit CANVAS</td>
</tr>
<tr>
<td>3</td>
<td>Feb 5-9</td>
<td>Shiloh Eddingfield</td>
<td>DTAW Pharmacist’s Care Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Submit CANVAS</td>
</tr>
<tr>
<td>4</td>
<td>Feb 12-16</td>
<td>Dwayne Morrison</td>
<td>DTAW SOAP’IM Note</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AP’IM portion ONLY covers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>primary problem (Asthma)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Submit CANVAS</td>
</tr>
<tr>
<td>5</td>
<td>Feb 19-23</td>
<td>Marvin Palmer</td>
<td>DTAW Multi-problem SOAP’IM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note Submit on CANVAS</td>
</tr>
<tr>
<td>6</td>
<td>Feb 26- Mar2</td>
<td>Jose Vasquez</td>
<td>DTAW Multi-problem SOAP’IM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note Submit on CANVAS</td>
</tr>
<tr>
<td>7</td>
<td>Mar 5-9</td>
<td>Nathan Holderfield</td>
<td>DTAW Multi-problem SOAP’IM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note Submit on CANVAS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NO LABS SPRING BREAK</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mar 12-16</td>
</tr>
<tr>
<td>8</td>
<td>Mar 19-23</td>
<td>Nathan Holderfield</td>
<td>DTAW Multi-problem SOAP’IM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note Submit on CANVAS</td>
</tr>
<tr>
<td>9</td>
<td>Mar 26-30</td>
<td>Cooper Riley</td>
<td>DTAW Multi-problem SOAP’IM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note Submit on CANVAS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NO LABS ALCALDE/TSHP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Apr 2-6</td>
</tr>
<tr>
<td>10</td>
<td>Apr 9-13</td>
<td>Dahuili Wang</td>
<td>DTAW Multi-problem SOAP’IM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note Submit on CANVAS</td>
</tr>
<tr>
<td>11</td>
<td>Apr 16-20</td>
<td>Sommer Benedict</td>
<td>DTAW Multi-problem SOAP’IM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note Submit on CANVAS</td>
</tr>
<tr>
<td>12</td>
<td>Apr 23-27</td>
<td>Angel Diaz</td>
<td>DTAW Multi-problem SOAP’IM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note Submit on CANVAS</td>
</tr>
<tr>
<td>13</td>
<td>Apr 30- May 4</td>
<td>Greg Anders</td>
<td>DTAW Multi-problem SOAP’IM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note Submit on CANVAS</td>
</tr>
</tbody>
</table>