Community Pharmacy
Advanced Pharmacy Practice Experience

Syllabus
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## Community Pharmacy APPE Syllabus: At a Glance

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<tr>
<th>Orientation (Day 1)</th>
<th>Week 1 (Days 2-5)</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
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<tbody>
<tr>
<td><strong>Orientation</strong></td>
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<tr>
<td>Obtain rotation calendar.</td>
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<td>Complete orientation to pharmacy and personnel checklist.</td>
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<tr>
<td><strong>Medication Distribution</strong></td>
<td>Participate in and understand the workflow process.</td>
<td>Work at the drop-off window. Collect pertinent information via patient interviews.</td>
<td>Participate actively in the dispensing process (pull drug, count, label). Suggested minimum 8 hours over course of rotation. Conduct the final check of prescriptions (under supervision).</td>
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<td></td>
<td>Interpret and evaluate new prescriptions for accuracy, completeness, and legitimacy.</td>
<td>Evaluate medication dispensing records and the patient profile when filling prescriptions and use information to make decisions about medication dispensing.</td>
<td>Discuss medication error prevention and management.</td>
<td>Discuss management topics with preceptor or manager.</td>
<td>Ride along with a district manager/supervisor for 1 day (if possible).</td>
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<tr>
<td><strong>Patient assessments</strong></td>
<td>Complete ≥8 comprehensive medication reviews, including discussions with preceptor and patient, and complete documentation appropriate for practice site (see syllabus for details).</td>
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<td>Complete ≥6 medication profile reviews (can be replaced with additional CMRs, if available)</td>
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<tr>
<td></td>
<td>Participate in patient care services, such as blood pressure monitoring and point of care testing.</td>
<td></td>
<td>Administer immunizations to patient, if appropriate for practice site, and discuss immunization eligibility with preceptor.</td>
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<tr>
<td></td>
<td>Orientation (Day 1)</td>
<td>Week 1 (Days 2-5)</td>
<td>Week 2</td>
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<tr>
<td><strong>Drug information</strong></td>
<td></td>
<td>Review available</td>
<td>Answer formal drug information questions (requiring use of primary literature) using the written template included in the syllabus (minimum 1 per week).</td>
<td>Answer other drug information questions for patients and health care providers using point-of-care resources throughout the rotation.</td>
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<td></td>
<td></td>
<td>drug information</td>
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<td>resources at</td>
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<td></td>
<td></td>
<td>practice site.</td>
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<tr>
<td><strong>Communication</strong></td>
<td>Answer telephone and triage questions to appropriate staff.</td>
<td>Participate in the third-party insurance resolution process involving formulary and product selection.</td>
<td>Participate in phone calls to health care professionals to resolve problems.</td>
<td>Participate in prescription transfers by phone.</td>
<td>Provide patient counseling using the teach back or other interactive methods for new and refill prescriptions and OTC medications. (Minimum 2 hours per day)</td>
</tr>
<tr>
<td><strong>OTC Topic Discussions</strong></td>
<td>Present and discuss two OTC topic discussions per week (eight total).</td>
<td>Complete part 1: Pharmacy Assessment Tour</td>
<td>Complete part 2: Develop, implement, and evaluate a quality improvement project related to health literacy at the rotation site using the PDSA (plan-do-study-act) model.</td>
<td>Write report summarizing findings and results</td>
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<tr>
<td><strong>Health literacy quality improvement project</strong></td>
<td>Complete part 1: Pharmacy Assessment Tour</td>
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<tr>
<td><strong>Evaluation</strong></td>
<td>Midpoint evaluation (between Friday week 2 and Wednesday week 3)</td>
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College Ability Based Outcomes Applicable to this Experience

Curriculum mapping is a method used by the College of Pharmacy to align instruction with desired goals and educational outcomes. The College of Pharmacy has established overall ability based outcomes (ABO) for the curriculum. These ABOs are mapped to courses to identify where each ABO is addressed and how each ABO is threaded through the curriculum. This facilitates curricular assessment. The following ABOS are applicable to this experience.

<table>
<thead>
<tr>
<th>CAPE Domain: FOUNDATIONAL KNOWLEDGE</th>
<th>COP ABO</th>
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<tbody>
<tr>
<td>• Describe the pathophysiology and therapeutic principles required to solve therapeutic problems, provide patient-centered care, and advance population health</td>
<td>1.1.4</td>
</tr>
<tr>
<td>• Apply the tenets of professionalism and ethical behavior</td>
<td>1.1.8</td>
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<table>
<thead>
<tr>
<th>CAPE Domain: ESSENTIALS FOR PRACTICE AND CARE</th>
<th>COP ABO</th>
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<tbody>
<tr>
<td><strong>Domain 2.1</strong>: Provide patient-centered care as the medication expert across the continuum of care (caregiver)</td>
<td>2</td>
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<tr>
<td>• Gather, organize, and interpret relevant patient specific data</td>
<td>2.1.1</td>
</tr>
<tr>
<td>• Identify pharmacotherapy problems</td>
<td>2.1.2</td>
</tr>
<tr>
<td>• Formulate and implement focused evidence-guided care plans, assessments, and recommendations based on individualized data</td>
<td>2.1.3</td>
</tr>
<tr>
<td>• Monitor treatment outcomes and modify therapeutic plan as needed</td>
<td>2.1.4</td>
</tr>
<tr>
<td><strong>Domain 2.2</strong>: Manage patient health care needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems (manager)</td>
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<tr>
<td>• Ensure the accuracy and completeness of medication orders</td>
<td>2.2.1.1</td>
</tr>
<tr>
<td>• Provide accurate medication distribution (including dispensing of individual prescriptions), ensuring integrity of drug products</td>
<td>2.2.1.2</td>
</tr>
<tr>
<td>• Ensure safe compounding of extemporaneous and parenteral products</td>
<td>2.2.1.3</td>
</tr>
<tr>
<td>• Comply with all legal, ethical, and professional standards</td>
<td>2.2.1.4</td>
</tr>
<tr>
<td>• Integrate technology, automation, and processes to improve medication use for the purposes of improving health outcomes for patients</td>
<td>2.2.2.1</td>
</tr>
<tr>
<td>• Apply standards, guidelines, best practices, established processes and quality improvement strategies to optimize outcomes</td>
<td>2.2.3.2</td>
</tr>
<tr>
<td>• Utilize medication-use criteria, medication use review and risk reduction strategies to minimize medication misadventures (e.g., medication therapy management (MTM0, comprehensive medication review (CMR))</td>
<td>2.2.3.3</td>
</tr>
<tr>
<td><strong>Domain 2.3</strong>: Design prevention, intervention, and educational strategies for individuals and communities to manage chronic diseases and improve health and wellness (promoter):</td>
<td></td>
</tr>
<tr>
<td>• Evaluate personal, social, economic, and environmental conditions to maximize health and wellness</td>
<td>2.3.1</td>
</tr>
<tr>
<td>• Provide prevention, intervention, educational strategies and technology for individuals and communities to optimize health and wellness (e.g., screening, immunizations, etc.)</td>
<td>2.3.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAPE Domain: APPROACH TO PRACTICE AND CARE</th>
<th>COP ABO</th>
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</thead>
<tbody>
<tr>
<td><strong>Domain 3.1</strong>: Identify problems in practice or care; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution (problem solver)</td>
<td>3</td>
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</tbody>
</table>
• Identify problems related to practice or care, and systematically gather, analyze, and synthesize information using available methods and research tools to explore possible solutions
• Organize, prioritize, and defend possible solutions and choose an appropriate course of action for a practice or care problem. (e.g., quality improvement project; health literacy project)

**Domain 3.2: Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding (educator)**

• Select the most effective techniques/strategies to educate a given learner or audience
• Ensure instructional content contains the most current information relevant for the intended audience
• Assess audience comprehension

**Domain 3.3: Assure that patients’ best interests are represented (advocate)**

• Encourage patients to take responsibility for, and control of, their health

**Domain 3.4: Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs (collaborator)**

• Communicate and collaborate effectively with patients/caregivers and other healthcare professionals to engender a team approach (interprofessional education)
• Use active listening, gather input/feedback, value diverse opinions, and foster collaboration to help build consensus and enhance team functioning
• Demonstrate professional skills, attitudes, and values and a sense of personal responsibility to patients, patient’s agents, and other health care providers

**Domain 3.5: Recognize social determinants of health to diminish disparities and inequities in access to quality care (includer)**

• Demonstrate an attitude that is respectful of different cultures (cultural sensitivity) and consider cultural beliefs and practices when developing health and wellness care plans
• Assess the health literacy of patients and modify communication strategies to meet their needs

**Domain 3.6: Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization (communicator, oral and written)**

• Interview patients using an organized, structured, specific question technique (e.g. motivational interviewing) with medical terminology adapted for the audience
• Use effective interpersonal skills (verbal and nonverbal communication) to establish rapport and demonstrate empathy
• Communicate assertively, persuasively, confidently, and clearly
• Document pharmaceutical care activities and associated outcomes

**CAPE Domain: DEMONSTRATE PERSONAL AND PROFESSIONAL DEVELOPMENT 4**

**Domain 4.1: Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth (self-aware)**

• Identify and reflect on personal knowledge, skills, abilities, biases, motivations, and emotions
• Approach tasks with a desire to learn and demonstrate a willingness to recognize, correct, and learn from errors
• Create, implement, evaluate, and modify plans for personal and professional development for the purpose of individual growth

**Domain 4.4:** Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society (professionalism)

• Adopt personal and professional ethical principles that place the health and safety of patients above personal gain

• Display preparation, initiative, and accountability consistent with a commitment to excellence
Advanced Practice Community Pharmacy Experience (P4)

Schedule of Activities

Note: Please refer to Section on Forms and Resources for descriptions of specific topics and projects.

Week 1  Orientation, Review of Legal Requirements, Safe Dispensing Practices, Rx and Self-Care Counseling, Health Care Provider Communication, Drug Information

Day 1  Orientation to Staff and Facility

Objectives and Expectations

- The student will learn about and understand the role of the pharmacist and technician.
- The student will practice within the laws governing pharmacy practice.
- The preceptor will provide the student with a rotation calendar.

Required Activities

- Orientation to pharmacy and personnel
  - Introduce staff
  - Review layout of pharmacy, OTC’s
  - Discuss population base served by this pharmacy
  - Discuss training and roles of supportive personnel
  - Review HIPAA and other site-specific policies and procedures
  - Review phone system and procedures
  - Review dress code
  - Discuss student background and experience
  - Discuss competencies, activity checklist, calendar, grading and expectations for the rotation

- Review pharmacy-specific procedures as they relate to Michigan and Federal Rules and Regulations. Use checklist in the Rotation Activities Checklist to review all necessary legal topics over the course of the rotation.

- Answer telephone and triage questions to appropriate staff

- Shadow pharmacist/technician to understand workflow process
Week 1, Days 2-5  Pharmacy Workflow and Dispensing, Patient Counseling, and Medication Problem Resolution

Note: Please refer to Section on Forms and Resources for descriptions of specific topics and projects.

Objectives and Expectations
- Utilize patient profiles to ensure safe and effective medication use.
- Provide appropriate and complete patient counseling on new and refill prescriptions.
- Participate in the selection of nonprescription medications and assist in the self-care of patients.
- Be competent in the procedures required for the safe and accurate dispensing of medication.
- Interview patients to obtain medication histories, to assess medication knowledge and adherence, and to conduct problem solving.
- Communicate with health care providers to resolve medication-related problems and to disseminate therapeutic knowledge.
- Practice ethically and responsibly in the provision of pharmaceutical care services.

Required Daily Activities
- Participate in and understand the workflow process.
- Answer telephone and triage questions to appropriate staff.
- Work at the drop-off window. Collect pertinent information via patient interviews.
- Interpret and evaluate new prescriptions for accuracy, completeness and legitimacy.
- Participate actively in the dispensing process (pull drug, count, label).
- Evaluate medication dispensing records and the patient profile when filling prescriptions and use information to make decisions about medication dispensing.
- Develop a plan of action to resolve the medication problems identified above.
- Conduct the final check of prescriptions (under supervision).
- Participate in third-party insurance resolution process involving formulary and product selection.
- Participate in phone calls to health care providers to resolve problems.
- Participate in prescription transfers by phone.
- Review legal topics and procedures using checklist.
- Provide patient counseling using the teach back or other interactive methods for new and refill prescriptions and OTC medications. (Minimum 2 hours per day)
- Utilize the QuEST/ SCHOLAR/ MAC process for self-care triage, medication selection, and patient counseling.
- Participate in patient care services, such as blood pressure monitoring and point of care testing.
  - Monitor blood pressure and counsel patients regarding BP results and antihypertensive medications (total of 10 per rotation or until proficient).  

1 *NOTE: If a student’s rotation site does not have blood pressure screening equipment, the student must contact Caitlin Ferguson (cmferg@med.umich.edu) or Julie Markum (jmarkum@med.umich.edu) to check out (at no cost) blood pressure screening equipment from the Office of Experiential Education and use the equipment to perform blood pressure screenings on the preceptor, staff or patients at their rotation site. It is the responsibility of the student to check out blood pressure equipment, if needed, in order to complete the requirements of the syllabus.
• Other patient care services in which the student should participate, as available, are described in the section entitled, Point of Care Assessment and Patient Care Services.

- Administer immunizations to patient, if appropriate for practice site, and discuss immunization eligibility with preceptor.
- Review available drug information resources at practice site.

**Homework and Projects**

- Discuss medication error prevention and management.
  - Due Week 1 - Friday
- Complete part 1 of Health literacy quality improvement project: Pharmacy Assessment Tour
- Document activities on Rotation Activities Checklist and review with preceptor daily.
Week 2  Patient-Focused Care

Note: Please refer to Section on Forms and Resources for descriptions of specific topics and projects.

Objectives and Expectations
  • The student will engage in activities that foster and promote patient-centered pharmaceutical care.

Continue the required daily activities:
  □ Participate in and understand the workflow process.
  □ Answer telephone and triage questions to appropriate staff.
  □ Work at the drop-off window. Collect pertinent information via patient interviews.
  □ Interpret and evaluate new prescriptions for accuracy, completeness and legitimacy.
  □ Participate actively in the dispensing process (pull drug, count, label).
  □ Evaluate medication dispensing records and the patient profile when filling prescriptions and use information to make decisions about medication dispensing.
  □ Develop a plan of action to resolve the medication problems identified above.
  □ Conduct the final check of prescriptions (under supervision).
  □ Participate in third-party insurance resolution process involving formulary and product selection.
  □ Participate in phone calls to health care providers to resolve problems.
  □ Participate in prescription transfers by phone.
  □ Review legal topics and procedures using checklist.
  □ Provide patient counseling using the teach back or other interactive methods for new and refill prescriptions and OTC medications. (Minimum 2 hours per day)
  □ Utilize the QuEST/ SCHOLAR/ MAC process for self-care triage, medication selection, and patient counseling.
  □ Participate in patient care services, such as blood pressure monitoring and point of care testing.
    • Monitor blood pressure and counsel patients regarding BP results and antihypertensive medications (total of 10 per rotation or until proficient).
    • Other patient care services in which the student should participate, as available, are described in the section entitled, Point of Care Assessment and Patient Care Services.
  □ Administer immunizations to patient, if appropriate for practice site, and discuss immunization eligibility with preceptor.
  □ Document activities on Rotation Activities Checklist and review with preceptor daily

New Activities
  □ Complete ≥2 comprehensive medication review, including discussions with preceptor and patient, and complete documentation appropriate for practice site (8 required; see syllabus for details). Present case to preceptor for discussion.
  □ Complete ≥6 medication profile reviews (can be replaced with additional CMRs, if available)
Answer formal drug information questions (requiring use of primary literature) using the written template included in the syllabus (minimum 1 per week).

Answer other drug information questions for patients and health care providers using point-of-care resources throughout the rotation.

**Required Homework/Projects**

- OTC topic discussions (2 topics per week) during Weeks 2-5 (8 total required). Students should prepare and lead discussions using “Handbook of Nonprescription Drugs” as a resource.

- Complete part 2 of Health literacy quality improvement project: Develop, implement, and evaluate a quality improvement project related to health literacy at the rotation site using the PDSA (plan-do-study-act) model.

- Midpoint evaluation
  - Student should complete self-evaluation as well as preceptor completing evaluation.
  - Schedule a meeting to discuss student's progress and grade on Week 2, Friday (no later than Week 3, Wednesday).
Week 3  Patient-Focused Care

Note: Please refer to Section on Forms and Resources for descriptions of specific topics and projects.

Objectives and Expectations
- The student will engage in activities that foster and promote patient-centered pharmaceutical care.

Continue the required daily activities:
- Participate in and understand the workflow process.
- Answer telephone and triage questions to appropriate staff.
- Work at the drop-off window. Collect pertinent information via patient interviews.
- Interpret and evaluate new prescriptions for accuracy, completeness and legitimacy.
- Participate actively in the dispensing process (pull drug, count, label).
- Evaluate medication dispensing records and the patient profile when filling prescriptions and use information to make decisions about medication dispensing.
- Develop a plan of action to resolve the medication problems identified above.
- Conduct the final check of prescriptions (under supervision).
- Participate in third-party insurance resolution process involving formulary and product selection.
- Participate in phone calls to health care providers to resolve problems.
- Participate in prescription transfers by phone.
- Review legal topics and procedures using checklist.
- Provide patient counseling using the teach back or other interactive methods for new and refill prescriptions and OTC medications. (Minimum 2 hours per day)
- Utilize the QuEST/ SCHOLAR/ MAC process for self-care triage, medication selection, and patient counseling.
- Participate in patient care services, such as blood pressure monitoring and point of care testing.
  - Monitor blood pressure and counsel patients regarding BP results and antihypertensive medications (total of 10 per rotation or until proficient).
  - Other patient care services in which the student should participate, as available, are described in the section entitled, Point of Care Assessment and Patient Care Services.
- Administer immunizations to patient, if appropriate for practice site, and discuss immunization eligibility with preceptor.
- Complete ≥3 comprehensive medication review, including discussions with preceptor and patient, and complete documentation appropriate for practice site (8 required; see syllabus for details). Present case to preceptor for discussion.
- Complete ≥6 medication profile reviews (can be replaced with additional CMRs, if available)
- Answer formal drug information questions (requiring use of primary literature) using the written template included in the syllabus (minimum 1 per week).
- Answer other drug information questions for patients and health care providers using point-of-care resources throughout the rotation.
- Document activities on Rotation Activities Checklist and review with preceptor daily.

**Required Homework/Projects**
- OTC topic discussions (2 topics per week) during Weeks 2-5. Students should prepare and lead discussions using “Handbook of Nonprescription Drugs” as a resource.
- Complete part 2 of Health literacy quality improvement project: Develop, implement, and evaluate a quality improvement project related to health literacy at the rotation site using the PDSA (plan-do-study-act) model.
Week 4  Operations and Management

Note: Please refer to Section on Forms and Resources for descriptions of specific topics and projects.

Objectives and Expectations
- The student will describe procedures required for the sound management and operation of a pharmacy.
- The student will practice ethically and responsibly in the provision of pharmaceutical care services.

Continue the following daily activities:
- Participate in and understand the workflow process.
- Answer telephone and triage questions to appropriate staff.
- Work at the drop-off window. Collect pertinent information via patient interviews.
- Interpret and evaluate new prescriptions for accuracy, completeness and legitimacy.
- Participate actively in the dispensing process (pull drug, count, label).
- Evaluate medication dispensing records and the patient profile when filling prescriptions and use information to make decisions about medication dispensing.
- Develop a plan of action to resolve the medication problems identified above.
- Conduct the final check of prescriptions (under supervision).
- Participate in third-party insurance resolution process involving formulary and product selection.
- Participate in phone calls to health care providers to resolve problems.
- Participate in prescription transfers by phone.
- Review legal topics and procedures using checklist.
- Provide patient counseling using the teach back or other interactive methods for new and refill prescriptions and OTC medications. (Minimum 2 hours per day)
- Utilize the QuEST/ SCHOLAR/ MAC process for self-care triage, medication selection, and patient counseling.
- Participate in patient care services, such as blood pressure monitoring and point of care testing.
  - Monitor blood pressure and counsel patients regarding BP results and antihypertensive medications (total of 10 per rotation or until proficient).
  - Other patient care services in which the student should participate, as available, are described in the section entitled, Point of Care Assessment and Patient Care Services.
- Administer immunizations to patient, if appropriate for practice site, and discuss immunization eligibility with preceptor.
- Complete ≥3 comprehensive medication review, including discussions with preceptor and patient, and complete documentation appropriate for practice site (8 required; see syllabus for details). Present case to preceptor for discussion.
- Complete ≥6 medication profile reviews (can be replaced with additional CMRs, if available)
- Answer formal drug information questions (requiring use of primary literature) using the written template included in the syllabus (minimum 1 per week).
- Answer other drug information questions for patients and health care providers using point-of-care resources throughout the rotation.
- Document activities on Rotation Activities Checklist and review with preceptor daily

**Required Homework/Projects**
- Health literacy quality improvement project: Write report summarizing findings and results and upload final project to CORE|ELMS (RXpreceptor) (under Field Encounters) by Friday of Week 4.
- Upload completed Blood Pressure Monitoring Log, Comprehensive Medication Reviews Log, and Drug Information Queries to CORE|ELMS (RXpreceptor) (under Field Encounters) by Friday of Week 4.
- Discuss management topics with preceptor/manager:
  - Human resource management
  - Inventory control
  - Record keeping
  - Ordering of CII’s
  - Patient and business confidentiality
  - Reporting of medication errors
  - Staff scheduling
  - Financial overview
Week 5  Project Presentation and Wrap Up

Note: Please refer to Section on Forms and Resources for descriptions of specific topics and projects.

Objectives and Expectations
The student will demonstrate an understanding of the community pharmacy practice environment by designing and presenting a project to enhance or expand pharmacy services.

Continue the required daily activities:
- Participate in and understand the workflow process.
- Answer telephone and triage questions to appropriate staff.
- Work at the drop-off window. Collect pertinent information via patient interviews.
- Interpret and evaluate new prescriptions for accuracy, completeness and legitimacy.
- Participate actively in the dispensing process (pull drug, count, label).
- Evaluate medication dispensing records and the patient profile when filling prescriptions and use information to make decisions about medication dispensing.
- Develop a plan of action to resolve the medication problems identified above.
- Conduct the final check of prescriptions (under supervision).
- Participate in third-party insurance resolution process involving formulary and product selection.
- Participate in phone calls to health care providers to resolve problems.
- Participate in prescription transfers by phone.
- Review legal topics and procedures using checklist.
- Provide patient counseling using the teach back or other interactive methods for new and refill prescriptions and OTC medications. (Minimum 2 hours per day)
- Utilize the QuEST/ SCHOLAR/ MAC process for self-care triage, medication selection, and patient counseling.
- Participate in patient care services, such as blood pressure monitoring and point of care testing.
  - Monitor blood pressure and counsel patients regarding BP results and antihypertensive medications (total of 10 per rotation or until proficient).
  - Other patient care services in which the student should participate, as available, are described in the section entitled, Point of Care Assessment and Patient Care Services.
- Administer immunizations to patient, if appropriate for practice site, and discuss immunization eligibility with preceptor.
- Complete comprehensive medication reviews, including discussions with preceptor and patient, and complete documentation appropriate for practice site. Present case to preceptor for discussion.
- Complete ≥6 medication profile reviews (can be replaced with additional CMRs, if available)
- Answer formal drug information questions (requiring use of primary literature) using the written template included in the syllabus (minimum 1 per week).
☐ Answer other drug information questions for patients and health care providers using point-of-care resources throughout the rotation.
☐ Document activities on Rotation Activities checklist and review with preceptor daily

**Required Homework/Projects**
☐ Ride along with district manager/supervisor to visit other stores for 1 day if possible.
☐ Complete online Rotation Activities checklist.
☐ Final evaluation (Week 5, Friday)
  • Schedule a meeting to discuss student’s progress and grade
Rotation Activities Checklist

Special Note:

The checklist (pages 19-22) has been converted into an online checklist in CORE|ELMS (RXpreceptor) (located under “Evaluations/Self-Evaluations”). The Community Pharmacy Rotation Activities Checklist MUST be completed and submitted online at the end of this experience before a grade will be assigned. Some documents may need to be uploaded to fulfill requirements.

Pages 19-22 are included in the syllabus for information purposes – they show the student what information will be needed to complete the online checklist and may be used by the student for data collection/documentation purposes. However, paper forms of the checklist will not be accepted. NOTE: Preceptor initials are NOT needed; preceptors will verify online that the student has completed the activities on the checklist when they submit the student’s final evaluation.
Advanced Practice Community Pharmacy
Rotation Activity Checklist

This checklist is used for quality assurance purposes only to ensure that our rotation sites are able/continue to meet rotation expectations.

<table>
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<tr>
<th>Projects</th>
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</thead>
</table>
| 1. Health Literacy Quality Improvement Project  
*Please include topic in the comment box and UPLOAD COPY OF REPORT to CORE|ELMS (RXpreceptor) [Field Encounters].*  
Completed: YES/NO |

<table>
<thead>
<tr>
<th>OTC Topic Discussions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A total of 8 student-led topic discussions are required covering topics from the <em>Handbook of Nonprescription Drugs.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic</th>
<th>Completed: YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic 1</td>
<td><em>Please include topic in the comment box.</em></td>
</tr>
<tr>
<td>Topic 2</td>
<td><em>Please include topic in the comment box.</em></td>
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<tr>
<td>Topic 3</td>
<td><em>Please include topic in the comment box.</em></td>
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<tr>
<td>Topic 4</td>
<td><em>Please include topic in the comment box.</em></td>
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<tr>
<td>Topic 5</td>
<td><em>Please include topic in the comment box.</em></td>
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<tr>
<td>Topic 6</td>
<td><em>Please include topic in the comment box.</em></td>
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<tr>
<td>Topic 7</td>
<td><em>Please include topic in the comment box.</em></td>
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<tr>
<td>Topic 8</td>
<td><em>Please include topic in the comment box.</em></td>
</tr>
</tbody>
</table>
### Legal Topics and Procedures
Review of all topics listed below is expected.

1. Controlled Substances Schedule II:
   - Day supply (multiple scripts vs. one; insurance limitations)
   - RX requirements
   - What can be changed/altered by the pharmacist (documentation)
   - Exceptions to hardcopy requirement (Hospice, LTC, etc.) and procedures
   - Emergency CII RXs (day supply, refills)
   - Expiration
   - Refill restrictions - Hospice (days supply)
   - Partial filling
   - Ordering CIIIs (electronic vs. 222)
   - Storage of CIIIs
   - Logging
   - Reporting theft/loss requirements
   - MAPS reports

   If one or more of these topics was not discussed, please indicate which one(s) and the reason in the comment box.

2. Controlled Substances III-V:
   - Expiration (CIII/CIV vs. CV)
   - Refill restrictions
   - MAPS reports

   If one or more of these topics was not discussed, please include which one(s) and the reason in the comment box.

3. Labeling Requirements:
   - What is Misbranding?
   - What is Mislabeling?
   - What is legally required on all labels?
   - What is meant by "expires a year from the date written"?

   If one or more of these topics was not discussed, please indicate which one(s) and the reason in the comment box.

4. What Makes a Legal Prescription:
   - Scope of Practice (limitations/restrictions) - MD, DO, DDS, NP, PA, DVM
   - Co-signatures
   - Control prescribing by NP, PA

   All topics discussed: YES/NO
- Patient has legit medical need for drug
- Pharmacist liability of filling fake/fraudulent RX
- Professional judgment & ethical considerations ("to fill or not to fill")

If one or more of these topics was not discussed, please indicate which one(s) and the reason in the comment box.

5. Prescription Transfer:
   - Required documentation at each pharmacy involved
   - Restrictions on CIII-CV

If one or more of these topics was not discussed, please indicate which one(s) and the reason in the comment box.

6. DEA Validation:
   - How to manually validate

If one or more of these topics was not discussed, please indicate which one(s) and the reason in the comment box.

7. MedGuide Distributions:
   - First fills and refills

If one or more of these topics was not discussed, please indicate which one(s) and the reason in the comment box.

8. Auditing

All topics discussed: YES/NO

9. REMS programs

If practice site does not dispense medications with a REMS program, this should remain a discussion point.

All topics discussed: YES/NO

Comprehensive Medication Reviews

1. Please indicate the number of CMRs performed during the rotation. (Minimum of 8 per rotation.)  
   Please include topic in the comment box and UPLOAD COPY OF COMPREHENSIVE MEDICATION REVIEW LOG SHEET to CORE|ELMS (RXpreceptor) [Field Encounters].

   0-4+
# Point of Care Assessments & Patient Care Services

1. Please indicate the number of point of care assessments and/or patient care services you provided.

   *Please include a summary of the type of point of care assessments and services performed, including counseling, monitoring, and goals in the comment box.*

   *Please UPLOAD COPY OF BLOOD PRESSURE MONITORING LOG to CORE|ELMS (RXpreceptor) [Field Encounters].*  

   0-10+

2. I am proficient in point of care testing and patient care assessments and appropriate counseling of patients regarding results.

   *Please list the point of care testing and patient care assessments in which you are proficient in the comment box.*

   YES/NO

# Patient Counseling Reflection

1. Student Rating of Patient Counseling Skills. Student Reflection (Please include in the comment box):

   - Approximate number of patients counseled
   - Areas of counseling with which you show strength or confidence
   - Areas of counseling that need improvement

   BEGINNING, INTERMEDIATE, ENTRY-LEVEL, OR BEYOND ENTRY-LEVEL PERFORMANCY


   Please include any comments your preceptor provided in the comment box.

   BEGINNING, INTERMEDIATE, ENTRY-LEVEL, OR BEYOND ENTRY-LEVEL PERFORMANCY

# Drug Information Queries

1. Please indicate the number of drug information queries you completed.

   *Please upload copies of your completed DRUG INFORMATION Query FORMS to CORE|ELMS (RXpreceptor) [Field Encounters].*  

   0-4+
Community APPE
Forms and Resources
Point of Care Assessments & Patient Care Services
Advanced Community Pharmacy Experience

Goal
To facilitate student participation in non-dispensing patient care services and to familiarize students with the use of patient assessments in the community setting.

Process
• Students should regularly participate in point of care assessments and other patient care services as opportunities arise throughout the five-week rotation.
• Assessments and services can be selected by the preceptor as appropriate for the rotation site and patient population.
• Point of care assessments include, but are not limited to:
  - Blood pressure screening
  - Blood glucose monitoring
  - HbA1c testing
  - Lipid panel testing
  - Influenza testing
  - Strep testing
  - HIV testing

• Other patient care services offered may include, but are not limited to:
  - Disease state management (e.g. hypertension, diabetes)
  - Immunizations (i.e. determining patient eligibility and administering vaccines)
  - Participation in interdisciplinary practice (e.g. Minute Clinics)

• Each type of assessment or services should be preceded by a discussion between student and preceptor on appropriate procedure and counseling using current disease state guidelines.
University of Michigan
College of Pharmacy
Blood Pressure
Interpretation
Guidelines

Process:
• Patient should be seated quietly for at least 5 minutes in a chair, with feet on the floor, and arm supported at heart level.
• Assess whether the person is in any pain, has had caffeine, exercised, or smoked within the past 30 minutes.
• Ask if the patient has been diagnosed with high blood pressure, and if so, whether the last dose of medications was taken (if prescribed).
• Ask if the patient has any health conditions including coronary heart disease, heart failure, stroke, chronic kidney disease, or diabetes as these affect blood pressure management. Calculate ASCVD risk, if data is available.
• An appropriately sized cuff (cuff bladder encircling at least 80% of the arm) should be used to ensure accuracy.

Classification of blood pressure for adults, based on initial measurement:
• Diagnosis and classification should be made using two different readings on different days. Checking blood pressure at the event is for screening purposes only.
• Recommendations are for patients without end-organ damage and not receiving medication.
• If systolic and diastolic blood pressures fall into different stages, use the higher stage.

<table>
<thead>
<tr>
<th>Blood Pressure Classification</th>
<th>Systolic BP (mm Hg)</th>
<th>Diastolic BP (mm Hg)</th>
<th>Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt; 120 and &lt; 80</td>
<td></td>
<td>Encourage healthy lifestyle change to maintain normal BP. Recheck in 1 year.</td>
</tr>
<tr>
<td>Elevated</td>
<td>120-129 and &lt; 80</td>
<td></td>
<td>Recommend healthy lifestyle changes. Recheck in 3-6 months.</td>
</tr>
<tr>
<td>Stage 1 hypertension</td>
<td>130-139 or 80-89</td>
<td></td>
<td>If high risk (ASCVD risk ≥ 10%, clinical CVD*, CKD or diabetes): Refer to a non-urgent source of care (e.g., primary care provider) as initiation of one BP medication is often recommended with a repeat BP within 1 month to assess the effectiveness of therapy. If low risk, recommend health lifestyle changes and recheck BP in 3-6 months</td>
</tr>
<tr>
<td>Stage 2 hypertension</td>
<td>≥ 140 or ≥ 90</td>
<td></td>
<td>Refer to a non-urgent source of care (e.g., primary care provider) as initiation of two BP medications is often recommended with a repeat blood pressure within 1 month to assess the effectiveness of therapy.</td>
</tr>
<tr>
<td>Hypertensive crisis</td>
<td>&gt;180</td>
<td>or</td>
<td>&gt;120</td>
</tr>
<tr>
<td>---------------------</td>
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</tbody>
</table>

1. Make your preceptor aware.
2. Assess for symptoms of a hypertensive emergency** and potential causes (e.g. medication non-adherence).
3. If **no symptoms**, advise the patient to call their doctor’s office that day and schedule an appointment as soon as possible. If the patient does not have a primary care provider, refer the patient (e.g., to a local clinic) and provide instructions to go to urgent care or the emergency department if care cannot be obtained. Provide education about the symptoms of a hypertensive emergency and that it is important to go to the emergency department if symptoms occur.
4. If there **are symptoms**, the preceptor will take the necessary course of action.

*Clinical CVD is defined as coronary heart disease, heart failure, or stroke*

**Symptoms: severe chest pain, severe headache (especially with confusion and blurred vision), nausea and vomiting, severe anxiety, shortness of breath.**

ASCVD risk:
- Note: You may not have all of the necessary information to calculate the ASCVD risk. In that instance, if the patient has stage 1 hypertension, they should be referred to a source of care for follow-up within one month.

Blood pressure goals:
- All patients: <130/80 mm Hg

*Approved by Clinical Skills Committee, January 2018*
**Blood Pressure Monitoring Log**

10 patients/rotation is recommended, however student may require more or less patients to achieve proficiency. **PRECEPTOR SIGNATURE REQUIRED at bottom of page to verify proficiency.**

<table>
<thead>
<tr>
<th>Patient Initials</th>
<th>BP Measurements</th>
<th>Counseling/ Monitoring/ Goals Summary</th>
<th>Preceptor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<tr>
<td>10</td>
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</tr>
</tbody>
</table>

Student is proficient in blood pressure monitoring and counseling patients regarding the results.

Preceptor Signature ________________________________

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2 Blood Pressure Monitoring Log must be uploaded to CORE|ELMS (RXpreceptor) by Friday of Week 4.
**OTC Topic Discussions**

**Advanced Community Pharmacy Experience**

**Goal**
Prepare the PharmD candidate to be a patient care provider competent in assessing patients and recommending appropriate self-care in the community setting. Students should also demonstrate competence in patient triage, and refer patients to a physician when necessary.

1. Twice weekly during weeks 2, 3, 4 and 5, the student and preceptor should discuss one topic (chapter) from the Handbook of Non-prescription Drugs. Student should lead 8 OTC topic discussions.

2. Student should prepare a written outline for presentation of the topic (see format below).

3. Student should be prepared to answer questions asked by the preceptor or other pharmacists.

4. Outline and discussion content includes:

   **Introduction**
   - Include recent products introduced or changes in general recommendations

   **Available Products**
   - Concise overview of the most common agents used
   - Include indications, cautions, adverse reactions, toxicity, strengths, dosage forms available
   - Compare/contrast the agents in this class
   - Find products in the store OTC area, know what they look like and estimated cost
   - Discuss non-drug therapies

   **Recommendations**
   - Student’s product recommendation in different circumstances (specific age groups, disease states, other medications, etc.)
Comprehensive Medication Reviews
Advanced Practice Community Pharmacy Practice

Goal
Provide students with practice in assessment of drug therapy, identification of problems and development of plans through direct patient interaction to resolve problems using the Pharmacists Patient Care Process.

Comprehensive Medication Review (CMR)
1. Students are to complete at least 8 comprehensive medication reviews per rotation, at least 2 of which should incorporate direct patient interaction.
2. These reviews will take place off-line, outside the dispensing workflow to allow for formal assessment to take place.
3. Students will review each medication based on appropriateness, safety, efficacy, and adherence. This should take no more than 30 minutes per patient. The drug therapy assessment worksheet (DTAW) categories taught in previous classes listed below may be helpful.
   - Drug use without an indication
   - Appropriate drug selection
   - Drug regimen (subtherapeutic dose or overdose)
   - Therapeutic duplication
   - Drug allergy/intolerance
   - Adverse events
   - Drug interactions
   - Social or recreational drug use
   - Adherence/failure to receive therapy
   - Financial impact
   - Patient knowledge of drug therapy
4. Student will develop a plan for each patient that addresses each drug therapy problem that was identified and discuss with preceptor in the format of an informal case presentation (5-10 minutes to present, 5 minutes for questions and discussion).
5. Student will then meet with the patient, if possible, to discuss drug therapy problems and make recommendations as appropriate.
6. Student will provide written documentation of the CMR, including all items discussed with the patient.
   a. Documentation may include:
      i. Submission to Mirixa, OutcomesMTM, or another third party contracted platform, if rotation site participates in such services.
      ii. Written documentation in some other format as is standard practice at the rotation site.
   b. If a student’s assigned rotation site does not routinely provide CMRs, the Office of Experiential Education will assign the student to a preceptor at a site that does and is willing to provide a 2-day exposure to a third party MTM/CMR platform. Contact information for this preceptor/site will be provided. It is the responsibility of the student to contact this preceptor to arrange to complete this requirement.
7. Student will collaborate with patients and healthcare professionals to implement plan.
8. Student will follow up with patients to monitor and evaluate the effectiveness of the plan.
### Comprehensive Medication Reviews Log

**Minimum of 8 CMRs required**

**PRECEPTOR SIGNATURE REQUIRED at bottom of page to verify completion of required CMRs**

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Initials</th>
<th>Recommendations/Resolution</th>
<th>Preceptor Initials</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Student has completed the required number of comprehensive medication reviews.

Preceptor Signature ________________________________

______________________________

3 Comprehensive Medication Reviews Log must be uploaded to CORE|ELMS (RXpreceptor) by Friday of Week 4.
**Drug Information Questions**  
*Advanced Practice Community Pharmacy Practice*

**Goal**  
To familiarize students with appropriate use of different types of drug information resources when answering medication-related questions for patients and health care providers.

**Process**

- Students are to complete at least 4 formal drug information questions (i.e. those requiring use of primary literature) throughout weeks 2-5 (1 question per week).
  - Students should utilize databases to access appropriate primary literature, including:
    - PubMed
    - Embase
    - Medline
  - Students may also use therapeutic guidelines and other point-of-care resources to guide their search.
  - Students will document their findings using the template on the subsequent page and present the information to their preceptor.

- Students are expected to answer additional drug information questions for patients and health care professionals as they arise using point-of-care resources throughout the rotation.
Drug Information Template

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Audience:</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
</tr>
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<table>
<thead>
<tr>
<th>Answer</th>
<th></th>
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<table>
<thead>
<tr>
<th>Resources</th>
<th></th>
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</table>

4 Drug Information Queries must be uploaded to CORE|ELMS (RXpreceptor) by Friday of Week 4.
Health Literacy Quality Improvement Project
Advanced Community Pharmacy Experience

Part 1: Pharmacy Assessment Tour

Learning Objectives:
• Describe the ways in which the layout and interactions between staff and patients at a pharmacy can affect a patient’s experience.
• Demonstrate how to assess the layout and staff-patient interactions at a pharmacy and identify areas for improvement.
• Demonstrate synthesizing and presenting assessment findings to pharmacy management.

Activity Description:
• Use AHRQ's Pharmacy Health Literacy Assessment Tool User's Guide, Part I: Assessment Tour of the Pharmacy, to assess the physical environment and staff interactions with patients at the pharmacy.
  o Thoroughly read the assessment tour instructions (Part I) and discuss any questions with your colleague.
  o Revise the assessment tools as necessary for the environment in which it is being used.
  o As you complete the assessment, do not be afraid to be critical. The purpose of the assessment is to increase awareness and spur discussion and change among pharmacy leadership.
  o Follow the instructions in the User's Guide to analyze your results.
  o Discuss your results with your pharmacy preceptor.

Part 2: Designing a Quality Improvement Project

Learning Objectives:
• Name a potential problem or area for improvement in a pharmacy’s health literacy practices.
• Explain how QI projects can be used to improve pharmacy services or practice.
• Use a QI PDSA process to implement in a pharmacy or pharmacy practice.

Activity Description:
• Identify potential problems or opportunities for improvement in a pharmacy’s health literacy practices (see part 1).
  o Consider whether the pharmacy’s written materials are appropriate for individuals with limited health literacy or whether the pharmacy’s verbal communication strategies
follow best practices or whether the pharmacy staff is aware and knowledgeable about health literacy issues and their importance for pharmacists.

- Students may also select a project from the Quality Improvement Activity Guides (see pages 51-63). The PDSA Worksheet should be used to plan and study the activity and its outcomes.

- Develop a quality improvement (QI) project PDSA cycle for your rotation site pharmacy to implement and test a change to improve the identified issue in the pharmacy. Use the PDSA worksheet (see worksheet and examples that follow).

- Execute the plan and study the results.

- Based on the PDSA, develop a report summarizing what you intended to do and why, how you did it, how you study the results, what were the results, and what next steps you would recommend to further improve upon the select health literacy practice issue or what other potential solutions should be explored.
### PDSA (Plan-Do-Study-Act) Worksheet

<table>
<thead>
<tr>
<th>TOOL:</th>
<th>STEP:</th>
<th>CYCLE:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLAN</strong></td>
<td>I plan to:</td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I hope this produces:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Steps to execute:</td>
<td></td>
</tr>
<tr>
<td><strong>DO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What did you observe?</td>
<td></td>
</tr>
<tr>
<td><strong>STUDY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What did you learn? Did you meet your measurement goal?</td>
<td></td>
</tr>
<tr>
<td><strong>ACT</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>What did you conclude from this cycle?</td>
<td></td>
</tr>
</tbody>
</table>

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PDSA Directions and Examples

The Plan-Do-Study-Act method is a way to test a change that is implemented. By going through the prescribed four steps, it guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again. Most of us go through some or all of these steps when we implement change in our lives, and we don’t even think about it. Having them written down often helps people focus and learn more.

For more information on the Plan-Do-Study-Act, go to the IHI (Institute for Healthcare Improvement) Web site or this PowerPoint presentation on Model for Improvement.

Keep the following in mind when using the PDSA cycles to implement the health literacy tools:

- **Single Step** - Each PDSA often contains only a segment or single step of the entire tool implementation.
- **Short Duration** - Each PDSA cycle should be as brief as possible for you to gain knowledge that it is working or not (some can be as short as 1 hour).
- **Small Sample Size** - A PDSA will likely involve only a portion of the practice (maybe 1 or 2 doctors). Once that feedback is obtained and the process refined, the implementation can be broadened to include the whole practice.

### Filling out the worksheet

**Tool:** Fill in the tool name you are implementing.

**Step:** Fill in the smaller step within that tool you are trying to implement.

**Cycle:** Fill in the cycle number of this PDSA. As you work through a strategy for implementation, you will often go back and adjust something and want to test if the change you made is better or not. Each time you make an adjustment and test it again, you will do another cycle.

### PLAN

**I plan to:** Here you will write a concise statement of what you plan to do in this testing. This will be much more focused and smaller than the implementation of the tool. It will be a small portion of the implementation of the tool.

**I hope this produces:** Here you can put a measurement or an outcome that you hope to achieve. You may have quantitative data like a certain number of doctors performed teach-back, or qualitative data such as nurses noticed less congestion in the lobby.

**Steps to execute:** Here is where you will write the steps that you are going to take in this cycle. You will want to include the following:

---

• The population you are working with – are you going to study the doctors’ behavior or the patients’ or the nurses’?
• The time limit that you are going to do this study – remember, it does not have to be long, just long enough to get your results. And, you may set a time limit of 1 week but find out after 4 hours that it doesn’t work. You can terminate the cycle at that point because you got your results.

**DO**

After you have your plan, you will execute it or set it in motion. During this implementation, you will be keen to watch what happens once you do this.

**What did you observe?** Here you will write down observations you have during your implementation. This may include how the patients react, how the doctors react, how the nurses react, how it fit in with your system or flow of the patient visit. You will ask, “Did everything go as planned?” “Did I have to modify the plan?”

**STUDY**

After implementation you will study the results.

**What did you learn? Did you meet your measurement goal?** Here you will record how well it worked, if you meet your goal.

**ACT**

**What did you conclude from this cycle?** Here you will write what you came away with for this implementation, if it worked or not. And if it did not work, what can you do differently in your next cycle to address that. If it did work, are you ready to spread it across your entire practice?

**Examples**

Below are 2 examples of how to fill out the PDSA worksheet for 2 different tools, Tool 17: Get Patient Feedback and Tool 5: The Teach-Back Method. Each contain 3 PDSA cycles. Each one has short cycles and works through a different option on how to disseminate the survey to patient (Tool 17: Patient Feedback) and how to introduce teach-back and have providers try it. (Tool 5: The Teach-Back Method).
PDSA (Plan-Do-Study-Act) Worksheet

TOOL: Patient Feedback  STEP: Dissemination of surveys  CYCLE: 1st Try

<table>
<thead>
<tr>
<th>PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I plan to:</strong> We are going to test a process of giving out satisfaction surveys and getting them filled out and back to us.</td>
</tr>
</tbody>
</table>

| **I hope this produces:** We hope to get at least 25 completed surveys per week during this campaign. |

<table>
<thead>
<tr>
<th><strong>Steps to execute:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. We will display the surveys at the checkout desk.</td>
</tr>
<tr>
<td>2. The checkout attendant will encourage the patient to fill out a survey and put it in the box next to the surveys.</td>
</tr>
<tr>
<td>3. We will try this for 1 week.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What did you observe?</strong></td>
</tr>
</tbody>
</table>

- We noticed that patients often had other things to attend to at this time, like making an appointment or paying for services and did not feel they could take on another task at this time.
- The checkout area can get busy and backed up at times.
- The checkout attendant often remembered to ask the patient if they would like to fill out a survey.

<table>
<thead>
<tr>
<th>STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What did you learn? Did you meet your measurement goal?</strong></td>
</tr>
</tbody>
</table>

We only had 8 surveys returned at the end of the week. This process did not work well.

<table>
<thead>
<tr>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What did you conclude from this cycle?</strong></td>
</tr>
</tbody>
</table>

Patients did not want to stay to fill out the survey once their visit was over. We need to give patients a way to fill out the survey when they have time.

We will encourage them to fill it out when they get home and offer a stamped envelope to mail the survey back to us.
PDSA (Plan-Do-Study-Act) Worksheet

TOOL: Patient Feedback  STEP: Dissemination of surveys  CYCLE: 2nd Try

PLAN

I plan to: We are going to test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: We hope to get at least 25 completed surveys per week during this campaign.

Steps to execute:
1. We will display the surveys at the checkout desk.
2. The checkout attendant will encourage the patient to take a survey and an envelope. They will be asked to fill the survey out at home and mail it back to us.
3. We will try this for 2 weeks.

DO

What did you observe?

• The checkout attendant successfully worked the request of the survey into the checkout procedure.
• We noticed that the patient had other papers to manage at this time as well.
• Per Checkout attendant only about 30% actually took a survey and envelope.

STUDY

What did you learn? Did you meet your measurement goal?

We only had 3 surveys returned at the end of 2 weeks. This process did not work well.

ACT

What did you conclude from this cycle?

Some patients did not want to be bothered at this point in the visit – they were more interested in getting checked out and on their way.

Once the patient steps out of the building they will likely not remember to do the survey.

We need to approach them at a different point in their visit when they are still with us – maybe at a point where they are waiting for the doctor and have nothing to do.
### PDSA (Plan-Do-Study-Act) Worksheet

**TOOL:** Patient Feedback  
**STEP:** Dissemination of surveys  
**CYCLE:** 3rd Try

| PLAN |  
|---|---|
| **I plan to:** We are going to test a process of giving out satisfaction surveys and getting them filled out and back to us. |  
| **I hope this produces:** We hope to get at least 25 completed surveys per week during this campaign. |  
| **Steps to execute:** |  
| 1. We will leave the surveys in the exam room next to a survey box with pens/pencils. |  
| 2. We will ask the nurse to point the surveys out/hand them out after vitals and suggest that while they are waiting they could fill out our survey and put it in box. |  
| 3. We will see after 1 week how many surveys we collected. |  

| DO |  
|---|---|
| **What did you observe?** |  
| • Upon self report, most nurses reported they were good with pointing out or handing the patient the survey. |  
| • Some patients may need help reading survey but nurses are too busy to help. |  
| • On a few occasions the doctor came in while patient filling out survey so survey was not complete. |  

| STUDY |  
|---|---|
| **What did you learn? Did you meet your measurement goal?** |  
| We had 24 surveys in the boxes at the end of 1 week. This process worked better. |  

| ACT |  
|---|---|
| **What did you conclude from this cycle?** |  
| Approaching patients while they are still in the clinic was more successful. |  
| Most patients had time while waiting for the doctor to fill out the survey. |  
| We need to figure out how to help people who may need help reading the survey. |
PDSA (Plan-Do-Study-Act) Worksheet

**TOOL:** Teach-back  
**STEP:** MDs initially performing Teach-back  
**CYCLE:** 1st Try

<table>
<thead>
<tr>
<th>PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I plan to:</strong> We will ask the physicians in Wednesday PM to perform teach-back with the last person they see that day.</td>
</tr>
</tbody>
</table>

| I hope this produces: | We hope that all the physicians will perform teach-back and find that it was useful, did not take that much more time, and they will continue the practice. |

<table>
<thead>
<tr>
<th>Steps to execute:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. We will ask the 5 physicians who hold clinic on Wednesday PM to perform teach-back with their last patient of the day.</td>
</tr>
<tr>
<td>2. We will show these physicians the teach-back video.</td>
</tr>
<tr>
<td>3. After their last patient checks out, we will ask the physicians if they felt</td>
</tr>
<tr>
<td>a. it was useful?</td>
</tr>
<tr>
<td>b. it was time consuming?</td>
</tr>
<tr>
<td>c. they will do it again?</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>DO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What did you observe?</strong></td>
</tr>
</tbody>
</table>

| All physicians found the teach-back video informative and seemed eager to try this new tool. |

<table>
<thead>
<tr>
<th>STUDY</th>
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</thead>
<tbody>
<tr>
<td><strong>What did you learn? Did you meet your measurement goal?</strong></td>
</tr>
</tbody>
</table>

| 4 out of 5 physicians performed teach-back on at least one patient in the afternoon. The 1 physician who did not indicated she did not quite know how to integrate it into her visit. |

<table>
<thead>
<tr>
<th>ACT</th>
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<tbody>
<tr>
<td><strong>What did you conclude from this cycle?</strong></td>
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</tbody>
</table>

| 4 out of 5 felt comfortable with it and said they would continue using it. |
| For the 1 who was not sure how to integrate it, we will look for other teach-back resources to help address this. |
| Ready to introduce to entire clinical staff. |
PDSA (Plan-Do-Study-Act) Worksheet

**TOOL:** Teach-back  **STEP:** MDs continuing to perform Teach-back  **CYCLE:** 2nd try

### PLAN

**I plan to:** We will see if the physicians in Wednesday PM clinic are still performing teach-back by asking them after their last patient leaves. (3 weeks have gone by since initial introduction.)

**I hope this produces:** We hope that each of the physicians will have performed teach-back on at least 3 of their afternoon patients.

### Steps to execute:

1. We will approach the 5 physicians on Wednesday PM after their last patient leaves and ask them to count the number of patients they performed teach-back on this afternoon.
2. We will ask the physicians if they still feel
   a. it was useful?
   b. it was time consuming?
   c. they will do it again?

### DO

**What did you observe?**

Some physicians could not find appropriate situations for teach-back. All still felt it was a worthy tool during their patient visits but feel they need to remember it and practice it more.

### STUDY

**What did you learn? Did you meet your measurement goal?**

3 out of 5 physicians said they did perform teach-back on 3 of their patients.
1 performed it in one instance.
1 did not perform it at all (same one as before).

### ACT

**What did you conclude from this cycle?**

Teach-back is being used, maybe not as readily as I had anticipated. Maybe the goals of ‘3 out of 6 patient encounters should contain teach-back’ is unrealistic. We may put a sign in the clinic rooms, in view of the physicians, to remind them about teach-back.

Will measure again in 6 months.
## PDSA (Plan-Do-Study-Act) Worksheet

**TOOL:** Teach-back  
**STEP:** MDs continuing performing Teach-back  
**CYCLE:** 3rd Try

### PLAN

**I plan to:** We want to see if the signs put up in the exam rooms help physicians remember to do teach-back and increased its utilization.

**I hope this produces:** We hope that all the physicians will perform teach-back 3 out of 6 times.

**Steps to execute:**

1. We will put signs reading "Teach it Back" taped on the exam room desk/work area to remind physicians to use the technique.
2. We will ask physicians if they notice the signs and if they reminded them to perform teach-back.
3. We will see if Wednesday PM clinic had increased use of teach-back.

### DO

**What did you observe?**

Nurses felt the sign will get in the way.

### STUDY

**What did you learn? Did you meet your measurement goal?**

4 out of 5 physicians did teach-back on 3 patients Wednesday afternoon. 1 did it on 1 patient. 4 out of 5 said they did see the sign and that it was a reminder to do teach-back.

### ACT

**What did you conclude from this cycle?**

That a reminder is needed (especially initially) to help physicians use this tool in their visit.

No further intervention needed at this point.
Interactive Patient Counseling
Advanced Community Pharmacy Experience

Goal
The goal of patient counseling is for the student to improve his/her communication skills in providing medication information to patients regarding over-the-counter or prescription medications. This includes a focus on empathy, cultural competence, and patient-centered care.

Prescription Counseling
According to the patient counseling standards in the Omnibus Budget Reconciliation Act of 1990 (OBRA '90), pharmacists are expected to offer patient counseling on:

1. The purpose of the prescribed or recommended drug.
2. Proper administration, including length of therapy, special directions for use, proper storage, and refill instructions.
3. Information on common adverse effects, potential interactions and contraindications to the use of the drug.

The primary method of patient counseling taught in the College of Pharmacy curriculum is the Indian Health Service model, which uses a series of questions to determine a patients understanding of his/her medications or supplies. These questions include:

1. What did your prescriber tell you the medication is for?
2. How did your prescriber tell you to take the medication?
3. What did your prescriber tell you to expect?

Over-The-Counter Counseling Students should use the QuEST-SCHOLAR-MAC method to triage patient questions in order to determine if self-care is appropriate, and if so, to make a safe and effective recommendation. A summary of QuEST-SCHOLAR-MAC is below:

QuEST
- **Quickly** and accurately assess the patient.
- **Establish** that a patient is an appropriate self-care candidate.
- **Suggest** appropriate self-care strategies
- **Talk** with the patient.

SCHOLAR
- **Symptoms**: What are the patient’s symptoms?
- **Characteristics**: What are the symptoms like?
- **History**: What has been done so far? Has this happened in the past?
- **Onset**: When did the symptoms begin?
- **Location**: Where are the symptoms occurring?
- **Aggravating factors**: What makes the symptoms worse?
- **Remitting factors**: What makes the symptoms better?
MAC
- **Medications:** prescription and nonprescription as well as alternative and complimentary therapies
- **Allergies:** to medications and other substances
- **Conditions:** coexisting health conditions
Community MTM Care Plan

Patient Name: ____________________  Patient Address: ____________________________
Phone Number: _______________  Date of Birth: ________________________________
Primary Physician: ____________________  Insurance: ____________________________
Financial Issues: ______________________

**Subjective/Objective:**
Patient Chief Complaint/Concerns: _____________________________________________

Allergies (including reaction): _________________________________________________

Patient Medical Problems:
- Diabetes
- High blood pressure
- High cholesterol
- Heart failure
- Asthma/COPD
- Depression
- Osteoporosis
- Thyroid disorder
- Seizures
- Fluid retention
- Irregular heart beat
- Sleep disorder
- Osteoarthritis
- Ulcer
- Stroke
- Kidney disease
- Liver disease
- Cancer
- Mental health
- GERD
- Pain
- Other

Social History: Tobacco:  ☐ No  ☐ Yes  PPD____  Alcohol:  ☐ None  ☐ Daily  ☐ Weekly  ☐ Occasionally

<table>
<thead>
<tr>
<th>Disease State</th>
<th>Information</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Hypertension</td>
<td>BP (average) __________  BP device __________</td>
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<tr>
<td></td>
<td>BP monitoring frequency ______________</td>
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<td></td>
<td>BP Goal (provider set) ______________</td>
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<tr>
<td>Diabetes</td>
<td>Fasting blood glucose (average) __________</td>
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<td></td>
<td>Self monitoring device ________________________</td>
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<td>Self monitoring frequency ______________________</td>
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<td>Last A1c ______  A1C Goal (provider set) ______</td>
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<tr>
<td>Lipid Disorder</td>
<td>Last lipid profile __________</td>
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<td>Last LFT’s __________</td>
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<td></td>
<td>Lipid Goals________________</td>
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<tr>
<td>Vaccinations</td>
<td>Flu  ☐ Pneumococcal  ☐ Td/Tdap  ☐ Zoster</td>
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<tr>
<td>Drug Name/Strength</td>
<td>Purpose</td>
<td>Frequency</td>
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Additional Notes/Comments:
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Assessment/Plan:
<table>
<thead>
<tr>
<th>Medical Problem or Health Care Need</th>
<th>Goal of Therapy (desired endpoint)</th>
<th>Intervention/Recommendation (Address all drug therapy)</th>
<th>Monitoring Parameters (include Frequency if applicable)</th>
<th>Plan/Follow-Up</th>
<th>Notes</th>
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Pharmacist Printed Name: __________________________________________

Time Spent with Patient: ________ minutes                      Preparation Time: _________ minutes
## Advanced Practice Community Pharmacy Rotation Student Activities Calendar (Sample template)

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Preceptor</th>
<th>Dates</th>
</tr>
</thead>
</table>

### Week 1
- **Monday**
  - Orientation
  - Student portfolio review
  - Legal/procedural review
  - Discuss/develop activities calendar
  - Shadow tech and pharmacist to understand workflow
  - Triage phone

- **Tuesday**
  - Dispensing process
  - Interview patients for profile
  - Evaluate new Rx's
  - Problem resolution
  - Insurance resolution
  - Final check (under supervision)
  - Phone transfers
  - Patient counseling for new Rx, refills and OTC's using interactive methods (min. 2hrs per day)

- **Wednesday**
  - Continue participation in dispensing, problem solving, telephone triage
  - Continue patient counseling for new Rx, refills and OTC's
  - Participate in patient care services, including blood pressure monitoring and counseling (10/rotation)

- **Thursday**
  - Continue participation in dispensing, problem solving, telephone triage
  - Continue patient counseling for new Rx, refills and OTC's
  - Continue patient care services

- **Friday**
  - Discuss medication error prevention and management
  - Complete pharmacy assessment tour
  - Continue participation in dispensing, problem solving, telephone triage
  - Continue patient counseling for new Rx, refills and OTC's
  - Continue patient care services

### Week 2
- **Monday**
  - Respond to drug information requests
  - Continue participation in dispensing/patient counseling/patient care services
  - Start health literacy quality improvement project

- **Tuesday**
  - OTC discussion
  - Comprehensive medication reviews
  - Continue participation in dispensing/patient counseling/patient care services/drug information
  - Continue work on health literacy quality improvement project

- **Wednesday**
  - Medication profile review
  - Continue participation in dispensing/patient counseling/patient care services/drug information
  - Continue work on health literacy quality improvement project

- **Thursday**
  - OTC discussion
  - Comprehensive medication reviews
  - Continue participation in dispensing/patient counseling/patient care services/drug information
  - Continue work on health literacy quality improvement project

- **Friday**
  - Medication profile review
  - Continue participation in dispensing/patient counseling/patient care services/drug information
  - Continue work on health literacy quality improvement project
  - P4 seminar (1-4)
  - Midpoint evaluation

### Week 3
- **Monday**
  - Continue participation in dispensing/patient counseling/patient care services/drug information
  - Continue work on health literacy quality improvement project

- **Tuesday**
  - OTC discussion
  - Comprehensive medication reviews
  - Continue participation in dispensing/patient counseling/patient care services/drug information
  - Continue work on health literacy quality improvement project

- **Wednesday**
  - Medication profile review
  - Continue participation in dispensing/patient counseling/patient care services/drug information
  - Continue work on health literacy quality improvement project

- **Thursday**
  - OTC discussion
  - Comprehensive medication reviews
  - Continue participation in dispensing/patient counseling/patient care services/drug information
  - Continue work on health literacy quality improvement project

- **Friday**
  - Medication profile review
  - Continue participation in dispensing/patient counseling/patient care services/drug information
  - Continue work on health literacy quality improvement project
  - P4 seminar (1-4)
  - Midpoint evaluation
| Week 4 | • Continue participation in dispensing/patient counseling/patient care services/drug information  
• Continue work on health literacy quality improvement project  
• OTC discussion  
• Comprehensive medication reviews  
• Discuss management topics  
• Continue participation in dispensing/patient counseling/patient care services/drug information  
• Continue work on health literacy quality improvement project  
• Medication profile review  
• Continue participation in dispensing/patient counseling/patient care services/drug information  
• Discuss management topics  
• Continue participation in dispensing/patient counseling/patient care services/drug information  
• Continue work on health literacy quality improvement project  
• OTC discussion  
• Comprehensive medication reviews  
• Continue participation in dispensing/patient counseling/patient care services/drug information  
• Continue work on health literacy quality improvement project  
• Medication profile review | • Continue participation in dispensing/patient counseling/patient care services/drug information  
• Continue work on health literacy quality improvement project  
• OTC discussion  
• Comprehensive medication reviews  
• Discuss management topics  
• Continue participation in dispensing/patient counseling/patient care services/drug information  
• Continue work on health literacy quality improvement project  
• Medication profile review  
• Continue participation in dispensing/patient counseling/patient care services/drug information  
• Continue work on health literacy quality improvement project  
• OTC discussion  
• Comprehensive medication reviews  
• Continue participation in dispensing/patient counseling/patient care services/drug information  
• Continue work on health literacy quality improvement project  
• Medication profile review  
• P4 seminar (1-4)  
• Final evaluation |
|---|---|
| Week 5 | • Continue participation in dispensing/patient counseling/patient care services/drug information/CMRs  
• Ride-along with supervisor  
• OTC discussion  
• Continue participation in dispensing/patient counseling/patient care services/drug information/CMRs  
• Medication profile review  
• Continue participation in dispensing/patient counseling/patient care services/drug information/CMRs  
• OTC discussion  
• Continue participation in dispensing/patient counseling/patient care services/drug information/CMRs  
• Medication profile review  
• Blood Pressure Monitoring Log, Comprehensive Medication Reviews Log, and Drug Information Queries due  
• Health literacy quality improvement project report due |
Advancing Pharmacy Health Literacy Practices Through Quality Improvement

Activity Guides

The following Quality Improvement Activity Guides provide a set of activities to help integrate health literacy and health literacy quality improvement into the experiential curriculum. The Activity Guides have been adapted from the work of Shoemaker et al. Each activity guide includes learning objectives, instructions for completion of the activity, how the work will be evaluated, and a list of resources for further exploration of the subject.

Students may select an activity from the following Activity Guides to fulfill Part 2 of the Health Literacy Quality Improvement Project requirement. The PDSA Worksheet should be used to plan and study the activity and its outcomes.

---

Increasing Awareness of Health Literacy in Pharmacy

**Activity 1: Key Questions to Assess Patients' Health Literacy**

**Topic:** Increasing Awareness of Health Literacy in Pharmacy

**Time Commitment Estimate:** 3-4 hours

**Learning Objectives**
- Describe barriers to using routine screenings for health literacy in a clinical setting.
- Employ the screening question with patients at IPPE / APPE site.

**Activity Description**
Read the article by Morris et al. (2006) about a single-item literacy screener. The screening question is: How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? As you read the article, consider barriers to assessing patients' health literacy levels in a clinical setting and how the approach suggested in the article might address some of these barriers.

Then, in your Medication Therapy Management (MTM) interactions, use the question with at least five (5) patients in your pharmacy. Record each patient's responses, and any other comments or reactions they have to being asked this question. Did any of their responses surprise you? How so? Record your experience asking the question(s) and your reactions. Write a two-three page paper presenting your findings and your reaction to them and summarizing the pros and cons of health literacy screening in a clinical setting.

**Evaluation Criteria**
The paper should:
- Describe pros and cons of using routine screening for health literacy in clinical settings.
- Present the findings from using the question.
- Describe the individual’s reflections on the findings.

**Resources**
Increasing Awareness of Health Literacy in Pharmacy

Activity 2: Instruments to Assess a Patient’s Health Literacy Skills — Rationale and Critiques

Topic: Increasing Awareness of Health Literacy in Pharmacy

**Time Commitment Estimate:** 2-3 hours

**Learning Objectives**

- Describe and use a health literacy assessment tool, Newest Vital Sign (NVS).
- Recognize the demands placed on patients in a health care environment.
- List skills assessed by the NVS and identify limitations of NVS.
- Examine issues related to patient shame and health literacy skill assessment.

**Activity Description**

Use the [Newest Vital Sign (NVS) assessment tool](http://www.pfizerhealthliteracy.com/asset/pdf/NVS_Eng/files/nvs_flipbook.pdf) to assess your own, a friend’s, or a family member’s health literacy. As you complete the assessment, pay attention to and list the types of tasks the assessment asks patients to perform. Once you have listed at least five required skills, compare skills assessed by NVS to skills patients need to function in health care and identify potential areas for improvement in the NVS. Write a short summary of your findings and recommendations. After using NVS, read Wolf et al.’s article on patient shame. Create an argument about whether or not providers should use formal assessments such as NVS in a clinical setting. Write a two-page paper describing the above listed tasks.

**Evaluation Criteria**

The student should have:

- Listed several skills required to complete the NVS.
- Listed skills required to function in health care and discussion of gaps left by NVS.
- Demonstrated familiarity with Wolf et al.’s arguments from the paper.
- Included thoughtful discussion of benefits and drawbacks of using health literacy assessment tools with patients.

**Resources:**

Increasing Awareness of Health Literacy in Pharmacy

**Activity 3: Critique of Medication Labels**

**Topic:** Increasing Awareness of Health Literacy in Pharmacy

**Time Commitment Estimate:** 2-3 hours

**Learning Objectives**

- Describe the importance of written information, including medication labels, to patients’ understanding of and potential adherence to medication instructions.
- Describe basic best practices for critiquing and revising medication labels.
- Recommend changes or improvements to existing medication labels or instructions.

**Activity Description**

Choose a prescription label or an OTC label for a common medication. Critique the label using guidelines for written information referenced below, listing its strengths and weaknesses and providing recommendations for how to improve it. Submit your critique with a copy of the label.

**Evaluation Criteria**

Students will be evaluated based on their demonstrated application of principles for written communication presented in class and in the guides referenced below. Critiques of the labels should be thorough, highlighting strengths as well as weaknesses. Recommended revisions should reflect application of principles described in referenced materials.

**Resources**

Increasing Awareness of Health Literacy in Pharmacy

Activity 4: Critique and/or Develop Patient Education Materials

Time Commitment Estimate: 1-4 hours

Learning Objectives

• Explain the importance of written patient education materials, including medication information, to patients' understanding of their conditions and their ability to take medications.
• Summarize best practices for patient education and information material design.
• Recommend changes or improvements to existing patient education materials.

Activity Description

Choose patient education materials in a pharmacy or clinic in your community. If no patient education materials are available at your pharmacy, you may find one online. Critique the material using the guidelines for written information below, listing the strengths and weaknesses of the material and providing recommendations for how to improve it. Submit your critique with a copy of the materials.

At the preceptor's discretion:
• Revise materials according to your critique and submit revised materials, or
• Create new patient education materials based on best practices.

Evaluation Criteria

Students will be evaluated based on their demonstrated application of principles for written communication presented in the guides referenced below. Critiques of materials should be thorough, highlighting strengths as well as weaknesses (where applicable). Recommended revisions (or changes made, or material created, if applicable) should reflect careful application of principles described in referenced materials.

Resources

• National Cancer Institute Clear & Simple: Developing Effective Print Materials for Low-Literate Readers.
• CMS's Toolkit for Making Written Material Clear and Effective.
• CDC's Simply Put: A Guide for Creating Easy-To-Understand Materials
Increasing Awareness of Health Literacy in Pharmacy

**Activity 5: What Types of Questions Do Patients Ask?**

| Topic: | Increasing Awareness of Health Literacy in Pharmacy |

**Time Commitment Estimate:** 2-3 hours

**Learning Objectives**

- List and categorize the types of questions patients commonly ask pharmacists.
- Summarize questions pharmacists think patients could benefit from asking.
- Identify approaches to encourage patients to ask questions.

**Activity Description**

Read or review the three resources listed below, including the video from AHRQ about patients' questions. Ask a pharmacist for a 5-minute informal interview. During the interview, ask the following types of questions:

- What proportion of patients or how many patients per day ask questions when picking up their medications?
- What are the most common questions patients ask you?
- Do you think that all patients who have questions about their medications ask? Why or why not?
- Of the patients who actually ask questions, do you think they are asking what they should? Why or why not?
- Of the patients who don't ask, do you think they understand how to take their medications appropriately?
- What barriers get in the way of patients asking questions or asking the right questions?
- How do you facilitate/encourage patients to ask questions?

Then, for one week, keep track of the number of patients who ask questions and the types of questions they ask during your counseling, MTM, or other pharmacy interactions. Based on your experience,

- How many patients per day ask questions when picking up their medications?
- What were the most common questions patients asked you?
- Do you think that all patients who had questions about their medications ask? Why or why not?
- Of the patients who actually asked questions, do you think they asked what they should? Why or why not?
- Of the patients who didn’t ask, do you think they understood how to take their medications appropriately?
- What barriers get in the way of patients asking questions or asking the right questions?
- How might you facilitate/encourage patients to ask questions?

Write a summary of the pharmacists' responses and your personal experiences; add your own perspective about whether or not patients could ask other specific questions to help them and how pharmacists could encourage patients to ask appropriate questions.

**Evaluation Criteria**
Students should provide a complete summary of what they learned from their interviews and their interactions with patients, describe what specific questions patients should ask of pharmacists, and how pharmacists can help address barriers and encourage patients to ask those questions. The write-up should be thoughtful and complete, incorporate the recommended resources, and include creative recommendations.

**Resources**

- AHRQ *Questions are the Answer Video* and *An Introduction to Questions are the Answer Video*. 
Increasing Awareness of Health Literacy in Pharmacy

**Activity 6: Using and Teaching the Teach-Back Method**

**Improving Communication in Pharmacy**

**Time Commitment Estimate:** 1-4 hours

**Learning Objectives**

- Describe the teach-back method.
- Use the teach-back techniques in the pharmacy setting.
- If applicable, teach the teach-back method to pharmacy staff.

**Activity Description**

Using existing teach-back resources, develop a training program for pharmacy staff at your APPE rotation site. Consider including a didactic overview (e.g., presentation and/or articles to read) on teach-back and also consider how best to train the staff and allow them to practice (e.g., demonstrate it yourself, role play, etc.). Then consider how best to roll out use of teach-back by pharmacy staff with patients. You should work with your preceptor and/or pharmacy management to best incorporate teach-back into the workflow and ensure there is buy-in for teach-back to be implemented in the pharmacy.

Use teach-back with at least 5 patients during your rotation as part of counseling on new prescriptions or your Medication Therapy Management (MTM) services. Have your preceptor observe you and provide you feedback on what you did well and what could be improved.

**Evaluation Criteria**

- The student should develop a high-quality training program with both didactic and practice content.
- The student should effectively use teach-back to educate patients on new medications and ensure the patient understands.

**Resources**

- [Teach-Back: A Health Literacy Tool to Ensure Patient Understanding](#). Created by the Iowa Health System.
- Health Literacy Universal Precautions Toolkit—[Tool 5: The Teach Back Method](#).
- Health Literacy Universal Precautions Toolkit—[Teach-Back Self-Evaluation & Tracking Log](#).
- [Teach Back Method Videos](#) (NC Health Literacy).
Increasing Awareness of Health Literacy in Pharmacy

Activity 7: Communication Training for Pharmacy Staff

Topic: Improving Communication in Pharmacy

Time Commitment Estimate: 5 hours

Learning Objectives

- List a minimum of four barriers to effective communication in a pharmacy setting.
- Define three reasons to train staff in communication skills.
- Apply lessons regarding pharmacist-patient communication and health literacy from previous courses or through review of literature to staff training.

Activity Description

Adapt and teach AHRQ's Strategies to Improve Communication Between Pharmacy Staff and Patients to staff members in your pharmacy. Use the slides available online at http://www.ahrq.gov/qual/pharmlit/pharmtrain.htm. You may need to think creatively about how to adapt the training program to your pharmacy, including considerations of space, time, etc. For example:

- If all staff cannot be brought together for one meeting, can the training be completed in small groups?
- If a full training is not feasible, how else could key information be conveyed to pharmacy staff or other health professional staff? For example, can the training content be adapted to weekly postings or announcements with key points from the training over the course of several weeks, mini trainings during staff meetings.
- Is there a specific section of the training that the staff could benefit from?

Evaluation Criteria

The student should effectively adapt the communication strategies training to the pharmacy.

Resources

Increasing Awareness of Health Literacy in Pharmacy

**Activity 7: Using a Pill Card or Medication List with Patients**

**Time Commitment Estimate:** 3-4 hours

**Learning Objectives**

- Construct a pill card or medication list for a patient.
- Explain how a pill card can assist patients with low health literacy skills and/or with multiple medications.
- Critically assess the benefits and any drawbacks to pill cards (or a specific pill card).
- Demonstrate how to teach a patient to effectively use a pill card/medication list within the health care system.

**Activity Description**

Apply or adapt the pill card format on the AHRQ site (or other site) to your pharmacy. Alternatively, use the MTM Core Elements toolkit to create a pill card for patients (go to link below). Work with pharmacy leadership and staff to consider how use of the pill card might be integrated into pharmacy workflow, particularly the Medication Therapy Management (MTM) workflow. Write up your project plan and results and include your reflections on the process.

Then, create pill cards for at least five (5) MTM patients or other patients of the pharmacy. Educate these patients on their medication regimens, how to use the pill card, and what to do if their regimen changes.

**Evaluation Criteria**

The student should accurately transcribe the patient’s medication regimen into one of the pill card tools. The student should use appropriate terminology (e.g., lay terms, no jargon) to help the patient understand his/her regimen and how to use the pill card. The student should effectively adapt a pill card into the pharmacy workflow, having worked closely with the preceptor and/or pharmacy leadership. The student should discuss/summarize with the preceptor his/her experience with the pill card.

**Resources**

Increasing Awareness of Health Literacy in Pharmacy

Activity 8: Designing a QI Project for Teach-Back

| Topic: | Improving Communication in Pharmacy |

Time Commitment Estimate: 8-12 hours

Learning Objectives:

- Demonstrate how to develop a quality improvement (QI) project using the Plan-Do-Study-Act (PDSA) model to implement teach-back in a pharmacy or pharmacy practice.

Activity Description:

Develop a PDSA cycle for your rotation site pharmacy to incorporate teach-back into their counseling or pharmacy practice. Use one of the PDSA worksheets. Then execute the plan and study the results. Based on the PDSA, develop a report summarizing what you intended to do and why, how you did it, how you studied the results, what were the results, and what next steps you would recommend to move teach-back forward in the pharmacy. To obtain further guidance look to Chapter 5, Figure 5-3: Quality Improvement Planning Worksheet in Warholak and Nau (see figure below).

Evaluation Criteria

Students will be engaged as part of an in-class activity. Each student will have participated in completing a PDSA cycle for teach-back. For the assignment, the student will have developed a PDSA using one of the two worksheets, and provided a reasonable and complete PDSA cycle. For the APPE, the student will successfully develop and execute a PDSA cycle to implement teach-back in the pharmacy. For the residency project the resident should successfully develop and execute three PDSA cycles (if three were needed) to implement teach-back into the pharmacy or pharmacy practice. The report should provide a thorough overview of the PDSA cycles and results, and include a reflection on the student’s experience and what he/she learned.

Resources

- Health Literacy Universal Precautions Toolkit—PDSA explanation and examples.
- Health Literacy Universal Precautions Toolkit—PDSA Worksheet.
- Institute for Healthcare Improvement (IHI)—IHI PDSA Worksheet.
<table>
<thead>
<tr>
<th>Step</th>
<th>Who</th>
<th>What</th>
<th>Where</th>
<th>When</th>
<th>How</th>
</tr>
</thead>
</table>

15. Sketch preliminary timeline for project.

| Timeline |
|---------| |
| Week    |
| Step    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

16. List challenges to be addressed before the next meeting

1. 
2. 
3. 

17. Assign a responsible party to address each challenge listed above.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Person responsible</th>
<th>Due date</th>
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<tbody>
<tr>
<td>1.</td>
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18. Set date for next team meeting

Baker Commons Interprofessional Health Event
Advanced Community Pharmacy Experience

Purpose:

To provide the following interprofessional health and wellness services for low income community-dwelling adults in Ann Arbor:

- Blood pressure monitoring
- Blood glucose monitoring
- Comprehensive medication review and generation of medication lists
- Education regarding written health information (e.g., discharge summaries) and drug information questions

This experience will provide P4 community pharmacy APPE students a unique opportunity to provide direct patient care in collaboration with other health professions education students in the resident’s home or home setting, i.e., apartment building, and exposure to medication use challenges experienced by this low-income and low health literacy population.

Location:
Baker Commons
106 Packard St
Ann Arbor, MI 48104

Community pharmacy APPE site participation:
Selected P4 students have been assigned to participate in monthly health event as part of their Community APPE rotation. Students were selected based on the distance between their assigned APPE pharmacy (i.e. driving distance to Ann Arbor for a ½ day event) and the number of students available during a given rotation block. The College of Pharmacy has strived to minimize the impact to any individual rotation site. Each student will participate a maximum of one time; however, not all students will have the opportunity to participate.

On the day of the event, we ask that you release the APPE student at 12:30pm to allow the student time to travel to the event and obtain instructions prior to the beginning of the event which runs until 5pm. At the end of the event, students will participate in a debriefing session. Students are not expected to return to the pharmacy after the event ends.

Student expectations:
- **Prior to the event**, complete a 1 hour online training focused on providing services to this patient population. All materials will be available on the Canvas course called Ann Arbor Housing Commission.
- Arrive on time in professional attire with name tag and stethoscope


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• Foster a professional environment while interacting with students and preceptors of other health professions education disciplines. Examples of other disciplines that a student may interact with include nursing and social work.
• Actively participate in the health event and debriefing session.

Additional background information:
Individuals living in poverty are more likely to have poor health due to a complex set of social determinants of health including socioeconomic status, education, housing, and access to care. Faculty at the University of Michigan College of Pharmacy and School of Nursing have been collaborating with the Ann Arbor Housing Commission to deliver health fairs at one of their properties, Baker Commons. Many residents of this building receive medications at local pharmacies that precept APPE students from the College of Pharmacy. We continue to work to form a sustainable, mutually beneficial partnership with Baker Commons, wherein the goal is to provide a holistic set of clinical services and health promotion interventions to improve both prevention and chronic care outcomes for clients with housing in Ann Arbor Housing Commission properties. The five-year vision is that University of Michigan health professional students will work together in this community based model, so that their understanding of the social determinants of their patients’ health are reinforced while simultaneously improving the health of the local community. Ultimately, we hope that this interprofessional project advances equity and decreases economic and racial disparities in Washtenaw County.