

PGY-2 Specialty Pharmacy Sample Learning Experience Description

*In recognition of the need to develop future specialty pharmacy practitioners, the **ASHP Section of Specialty Pharmacy Practitioners - Section Advisory Group on Operational and Workforce Development** has developed a sample elective learning experience description compiling suggested activities and experiences for pharmacy residents.*

Institution Name

Pharmacy Department
PGY-2 Ambulatory Care Pharmacy Practice
Specialty Pharmacy, Elective Rotation

Primary Preceptor: <i>Name</i> <i>Job Title</i> <i>Email</i>	Additional Preceptors: <i>Name</i> <i>Job Title</i> <i>Email</i> <i>Name</i> <i>Job Title</i> <i>Email</i>
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General Description

The Specialty Pharmacy learning experience is a month long elective for PGY-2 residents at *Institution Name*. The *specialty pharmacy name* is a closed-door, mail-order pharmacy that dispenses specialty medications. *Specialty pharmacy name* is located at _____ with many decentralized pharmacist and technician locations throughout the entire campus.

Specialty medications are defined as high-cost medications that require clinical monitoring, administration, and/or unique storage parameters. Clinical pharmacists work in coordination and directly with physicians, nurse practitioners, physician assistants, nurses, and social workers in various clinical service lines and ambulatory clinics. Specialty pharmacy employees assist providers with insurance prior authorizations, financial benefits investigations, and the insurance appeal process. Additionally, staff coordinate with logistics companies, couriers, and delivery-based service companies to ensure product quality and to meet the standards of some of the unique specialty medication storage requirements.

Clinical pharmacists provide patient education and strategies on optimizing medication therapies and enhancing patient compliance through face-to-face or virtual counseling or follow-up phone calls to all patients taking specialty medications. Clinics utilize clinical services in the following areas: Hepatitis C, HIV, Dermatology, Gastroenterology, Rheumatology, Oncology, Transplant, Osteoporosis, Fertility, Neurology, and more.

This learning experience will provide residents with the opportunities to develop patient-care management skills necessary for complex medication-related disease states and medical complications. The rotation will be customized to the resident's interest area, prior experiences, and areas identified as opportunities for improvement. Residents are encouraged to express their interest in particular service lines during their initial meeting with their primary preceptor.

Potential Disease States and Topics Encountered

Common topics in which the resident will be expected to gain proficiency through literature review, discussion, and/or direct patient care experience include, but are not limited to:

- *Asthma & Allergy*
- *Bleeding Disorders*
- *Cardiology*
- *Cystic Fibrosis*
- *Dermatitis*
- *Enzyme Deficiency*
- *Epilepsy*
- *Growth Hormone Disorders*
- *Hematologic Disorders*
- *Hepatitis C*
- *HIV*
- *Infertility*
- *Inflammatory Bowel Disease*
- *Juvenile Idiopathic Arthritis*
- *Lupus*
- *Migraine*
- *Multiple Sclerosis*
- *Neurologic Disorders*
- *Oncology*
- *Osteoporosis*
- *Psoriasis*
- *Psoriatic Arthritis*
- *Pulmonary Hypertension*
- *Rheumatoid Arthritis*
- *Substance Use Disorders*
- *Transplant*

- *Operations*
 - *Insurance Overview*
 - *Patient Assistance Programs*
 - *Medication Reconciliation*
 - *Medication Education*
 - *Adherence Coaching*
 - *Storage specifications for specialty medications*
 - *Logistics and Delivery of medications*
 - *Script Data Entry*
 - *DUR Review*

Role(s) of Pharmacist(s) in the Practice Area

The pharmacists at *specialty pharmacy name* are responsible and accountable for the provision of safe, effective, and prompt medication therapy. Their duties and responsibilities include:

- Delivering direct patient care, including decentralized and service-based programs
- Making appropriate evidence-based, patient-centered medication recommendations
- Maintaining proficiency in hospital computer systems
- Participating in pharmacy operations and medication dispensing
- Completing critical patient monitoring and comprehensive chart review to identify, prevent, or mitigate drug-related problems, drug interactions, adverse drug reactions, etc.
- Communicating effectively and appropriately with healthcare providers and caregivers
- Providing medication education and counseling when necessary

Expectations of Residents

The resident will work in collaboration with the specialty pharmacy team and other health care team members to manage the therapy of patients. Resident responsibilities may include, but are not limited to: performing medication reconciliation, adherence assessment phone calls, precepting students, medication counseling, managing medication therapy, screening drug-drug interactions, adjusting medication therapies based on organ functions, training in fulfillment operations, providing injection training to patients, developing and monitoring patient follow-up care plans, and communicating with providers for recommendations to optimize patient medication therapies.

The resident will also partake in fulfillment operations as part of the specialty pharmacy workflow which may include, but is not limited to: prescription processing, addressing drug utilization review, interpreting claim adjudications, completing prior authorizations, assisting in the appeal process, co-payment assistance, pharmaceutical billing processes, dispensing operations, and delivery operations.

Residents will develop skills in the following areas while on rotation: time management skills, multi-tasking skills, communication skills, clinical knowledge in specialty medications and disease states, and counseling skills.

Hours and Preceptor Interaction

The preceptor will be available to discuss patient care and operation issues, provide guidance in development of educational activities, and evaluate resident performance.

Preceptors assume the appropriate preceptor roles based on the time of the year and residents' progression.

- Direct instruction appropriate for residents when needed
- Modeling of practice skills described in the educational objectives
- Coaching skills describing in the education objectives, providing regular, on-going feedback
- Facilitating by allowing residents to assume increasing levels of responsibility for performance of skills with indirect support of the preceptor as needed.

Residents function independently in each competency area by the conclusion of the residency program; the goal of each learning experience is for preceptors to spend most of the time in the coaching and facilitating roles.

Example Schedule:

- 0800-0830: Meet with preceptor and create schedule/designate tasks for the day
- 0830-1100: Partake in clinical operations and initiate clinical follow-ups
- 0900 (M-W-F): Engage in specialty pharmacy staff huddle in central operations
- 1100-1200: Check-in with preceptor for afternoon discussions/schedule updates, check-in with

operations, call center, and script data entry staff for delivery confirmations and issues for patients that resident is coordinating

- 1300-1530: Wrap-up clinical activities for the day, and engage in discussions with primary preceptor
- 1600: End of day check-in with primary preceptor for outstanding issues and coordinating next-day activities

Tentative schedule above is subject to change at the discretion of preceptors and coordination with resident

Goals and Objectives Taught and Evaluated

Please choose the goals and objectives that are realistic and attainable throughout your learning experience.

Objective	Matched Activity
Goal R1.1: Provide comprehensive medication management to ambulatory care patients following a consistent patient care process.	
Objective R1.1.1: (Applying) Interact effectively with health care teams to collaboratively manage ambulatory care patients' medication therapy.	
Objective R1.1.2: (Applying) Interact effectively with ambulatory care patients, family members, and caregivers.	<ul style="list-style-type: none"> ● Interactions with patients are respectful and collaborative. ● Uses effective communication skills. ● Shows empathy. ● Demonstrates cultural competence.
Objective R1.1.3: (Analyzing) Collect information to ensure safe and effective medication therapy for ambulatory care patients.	<ul style="list-style-type: none"> ● Collection/organization methods are efficient and effective. ● Collects relevant information about medication therapy.
Objective R1.1.4: (Analyzing) Analyze and assess information to ensure safe and effective medication therapy for ambulatory care patients.	<ul style="list-style-type: none"> ● Includes accurate assessment of patients. ● Identifies medication therapy problems.
Objective R1.1.5: (Creating) Design, or redesign, safe and effective patient- centered therapeutic regimens and monitoring plans (care plans) for ambulatory care patients.	<ul style="list-style-type: none"> ● Specify evidence-based, measurable, achievable patient-centered therapeutic goals based on relevant patient-specific information, including cultural preferences and shared decision-making.
Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for ambulatory care patients by taking appropriate follow-up actions.	<ul style="list-style-type: none"> ● Monitor the adherence of patients to medications. ● Identify potential adherence barriers (e.g., insurance, prior authorization required, lack of monitoring tools such as a glucometer for a patient with diabetes). ● Assist patient overcoming barriers to adherence. ● Recommend a plan to provide patient with necessary information to improve their understanding of their therapeutic regimen and monitoring requirements.

<p>Objective R 1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.</p>	<ul style="list-style-type: none"> ● Appeals, prior authorizations, and insurance claims will be documented ● All communications with patients will be documented ● All provider interactions will be communicated/documented ● Accurately gather, organize, and analyze patient specific information on assigned patients. ● Document assessment and plan in case management system and/or electronic health record
<p>Objective R1.1.8: Demonstrate responsibility to ambulatory care patients for patient outcomes.</p>	<ul style="list-style-type: none"> ● Gives priority to patient care activities. ● Plans prospectively. ● Completes all steps of the medication management process. ● Assumes responsibility for medication therapy outcomes.

Progression of the Residents Over the Period of the Learning Experience

The length of time the preceptor spends in each of the phases of learning will depend on the resident's progression in the current learning experience and where the learning experience occurs in the overall residency program.

- **Week 1: Rotation Orientation**
 - Preceptor will review pre-rotation self-assessment with resident, set expectations for the rotation, set dates for any required journal club and/or presentations, structure of rotation, approved absences, etc.
 - Preceptor will model pharmacy operations in central operations and clinical operations in clinic, and resident will be expected to observe (**modeling**)
 - The resident will be oriented to workflow and documentation with the expectation the resident will be able to perform independently by end of the week.
 - The resident will learn documentation for required service line and/or clinic of choice
- **Week 2: Clinic and Satellite Orientation and Modeling**
 - Determine patient demographics, insurance information, and clinical needs to ascertain appropriateness of utilizing specialty pharmacy services
 - Assess patient's clinical information to ascertain accuracy of prescription under supervision of preceptor. Preceptor may facilitate some of the duties, but the resident will take on more responsibility acting as the primary pharmacist (**coaching**)
 - Learn prior authorization process and practice initiating and carrying out prior authorization requests under supervision of preceptor
 - Understand work-flow of clinical areas and associated clinical care plans
 - Document patient and healthcare team interactions in appropriate EHR system
- **Week 3-4: Autonomous Functioning as Pharmacist and Conducting Clinical/Operational Pharmacist Duties**
 - Independently recognize areas of medication therapy optimization and communicate with primary team/provider to make change to optimize medication therapy
 - Perform final verification of filled prescriptions and trouble shoot errors
 - Determine patient responsibility (co-pay) and communicate accordingly to the patient
 - Actively seek out and aid in enrolling patients in co-pay assistance programs based on patient need for insurance, co-pay affordability, disease state, etc.
 - Independently perform at least three medication education/counseling sessions via

verbal (face-to-face or phone) and written communication (administration, adherence, side effects management, storage, goals of therapy) per week **(facilitating)**

- Independently obtain/verify medication history with each initial visit and follow-up phone call and document in EHR
- Devise a patient-centered, evidence-based monitoring plan and medication regimen that most effectively evaluates achievement of treatment specific goals for patients
- Complete appropriate care plan monitoring and follow-up for assigned patients
- Create medication counseling templates for specialty medications (if applicable) or update current templates with up-to-date information/evidence

Required Readings and Expected Knowledge

- *Required readings are located in the:_____*
- *Preceptors will determine readings based on topic discussions, resident interest areas, and clinical situations that may arise while on service.*

Evaluation of the Resident

- PharmAcademic will be utilized for documentation of formal evaluations.
 - *The table below represents the expected and required evaluations; however, situations may arise that require more evaluations at the discretion of the preceptor and resident than what is reflected below.*
 - *Please update this to reflect your specific learning experience.*

Type of Evaluation	Responsible Party	Point of Completion
Verbal Midpoint Evaluation	Resident, Preceptor	Midpoint of learning experience
Written Summative Evaluation	Resident, Preceptor	End of learning experience
Written Preceptor Evaluation	Resident	End of the learning experience
Written Learning Experience Evaluation	Resident	End of the learning experience
Written Resident Conference Presentation Evaluation	Resident, Preceptor	Following conference presentation