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# Currents in Pharmacy Teaching and Learning

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Experiences in Teaching and Learning

## A community-based partnership collaborative practice agreement project to teach innovation in care delivery

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### ABSTRACT

**Background and purpose:** To explore students' perceptions (self-assessment) of their preparedness to develop collaborative practice agreements (CPAs) before and after delivery of one CPA-focused classroom lectures and 2) a CPA development student project in partnership with a local community-based pharmacy.

**Educational activity and setting:** A CPA-focused didactic lecture and subsequent project were given to second-year (P2) pharmacy students enrolled in a community pharmacy elective course at the University of Tennessee College of Pharmacy. Pre- and post-surveys were administered using an online survey platform to assess student perceptions. Responses for each survey question were summarized using frequencies, and chi-square analysis was conducted to assess the association between pre- and post-scores on each question.

**Findings:** Students were significantly more likely to rate themselves as prepared or completely prepared to develop a CPA in a community pharmacy setting ( $\chi^2=61.21$ ,  $p < 0.01$ ) after the course and project. Students also noted that they felt they were prepared or very prepared to work within a team to develop and implement a CPA in a community pharmacy setting ( $\chi^2=37.60$ ,  $p < 0.01$ ).

**Summary:** This study demonstrated that a didactic classroom lecture series followed by a student project partnered with a local community pharmacy improved perceived knowledge, preparedness, and ability to implement CPAs in a community pharmacy. Through intentional exposure of students to scope-of-practice expanding opportunities like CPAs, pharmacy educators can potentially accelerate the evolution of community pharmacy practice.

### Background and purpose

In the ever-changing field of pharmacy, collaborative practice agreements (CPAs) offer the next step in the evolution of accessible, pharmacist-delivered care. The American College of Clinical Pharmacy (ACCP) first described the idea of pharmacists practicing under CPAs in 1997 and provided a definition of collaborative drug therapy management (CDTM). Specifically, they defined CDTM as “a collaborative practice agreement between one or more physicians and pharmacists wherein qualified pharmacists working within the context of a defined protocol are permitted to assure professional responsibility for performing

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patient assessments; ordering drug therapy-related laboratory tests; administering drugs; and selecting, initiating, monitoring, continuing, and adjusting drug regimens.”<sup>1</sup> ACCP later released a position statement that expressed that they advocate for the role of pharmacists collaboratively providing care. In a nationwide survey, they found that the most successful examples of collaborative care occur under a CPA.<sup>2</sup> The National Association of Boards of Pharmacy define a CPA very similarly to ACCP, adding that the goal was to “provide patient care services to achieve optimal medication use and desired patient outcomes.”<sup>3</sup> Although CPAs often are referenced by pharmacy organizations on a national level, they are not federally regulated or legislated, but are instead defined and developed on a local-level between pharmacists and physicians with strong relationships. The CPA itself is a legally binding document between a practitioner and a pharmacist, and its scope and limitations are defined on the state-level, so the degree to which a pharmacist can practice under a CPA is dependent on state laws. In 2014, Tennessee passed legislation allowing CPAs for the first time.

In addition to the enhancements in patient care that CPAs offer, there are also implications for improvement to the operations of a pharmacy. For instance, in a community pharmacy most communication between a pharmacist and physician occurs via facsimile or telephone. When making clinical recommendations, this form of communication is impractical as it interferes with workflow and adds to the workload of both the prescriber and pharmacist. Consequently, the pharmacist's impact in team-based care is limited.<sup>4</sup> Furthermore, these modes of communication do not lend themselves to the rapid approvals that are sometimes necessary in the case of emergent or acute care. In other instances, obtaining prescriber approval on a recommendation may contradict common sense and add undue burden to the pharmacist and prescriber because legal requirements mandate that a pharmacist must seek prescriber approval for any medication change other than brand to generic changes. For example, despite proton pump inhibitors (PPIs) having clinical equivalence within their drug class, a pharmacist cannot make the logical substitution from one PPI to another to avoid a prior authorization or rejection of coverage for a more expensive (perhaps brand-only) PPI. Such antiquated inefficiencies are well known within the workflow of community pharmacy, but are not well addressed in the literature or in practice. CPAs can help overcome those barriers to the inclusion of the community pharmacist in the delivery of prescriber-delegated patient care services.<sup>5</sup>

There are various disease states that lend themselves to collaboration between physicians and pharmacists. For example, CPAs have been recently used in the management of influenza-like illnesses and strep testing and treatment.<sup>6–7</sup> Additionally, other niche opportunities for CPAs can be developed based on location. One theoretical example that illustrates this point would be a Lyme disease prophylaxis CPA. This would be particularly beneficial in areas prevalent with deer ticks, such as the northeastern states.

Prior studies have successfully demonstrated that students can have a direct impact on the practice of pharmacy.<sup>8–9</sup> The Partner for Promotion program was developed to boost patient care in community partner sites. In this model, students partnered with pharmacies to develop or enhance the delivery of patient care in a real-world practice site. As CPAs have been highlighted as a key topic in the field of pharmacy for their untapped potential use in communities across the U.S., it would therefore follow that students may play a part in the dissemination and implementation of CPA knowledge and practice. However, before this is possible, students must first be introduced to what a CPA is and how it can be utilized in the modern community pharmacy. The purpose of this paper is to explore students' perceptions (self-assessment) of their preparedness to develop CPAs before and after delivery of CPA-focused classroom lectures and a CPA development student project in partnership with a local community-based pharmacy.

## Educational activity and setting

A pre- and post-survey of second-year (P2) pharmacy students enrolled in a community pharmacy elective course at the University of Tennessee College of Pharmacy was conducted using Qualtrics® (Provo, Utah). The survey was anonymous, and pretest data was not linked to posttest data. All P2 students (n=63) enrolled in the course were eligible to participate in the study. The study was approved by the Institutional Review Board of the University of Tennessee Health Science Center.

This elective course is designed to provide the student with the basic principles of community pharmacy practice, management, and leadership. The course begins with an introduction of students to the basics of dispensing and practice during the first half of the semester. The second half of the semester focuses on management and leadership of personnel and operations specific to community pharmacy. Drawing on principles taught in the class, students were challenged to work in partnership with a local community pharmacy to develop their own CPA, which may be used to prescribe medications and/or modify therapy per written protocol if adopted at the partner community pharmacy site. The project began with a needs assessment at the community pharmacy via a semi-structured interview and observation form ([Appendix A](#)). Since the college of pharmacy is comprised of a main campus in Memphis and two distance campuses in Knoxville and Nashville, students worked with community pharmacies in all three of these distinct state regions.

Students were asked to divide themselves into groups of six to eight students per group and self-select a community pharmacy partner. These community pharmacy partners were selected by the student pharmacists based on pre-existing relationships. Each student group completed a semi-structured interview with their partner pharmacy's pharmacist, owner, or manager to conduct a needs assessment. Additionally, the students were asked to sketch the design of the pharmacy and over-the-counter sections to assist the groups with assessing unique workflow and space concerns. Based on the information gathered through interviews and observations, student groups drafted CPAs for their partner pharmacies. The students were instructed that maximum credit would be given for CPAs that either increased revenue or improved operational efficiencies as defined by the pharmacist at their partner pharmacy. Upon project completion, the CPAs were presented in class to allow critique and suggestions for improvement using peer feedback and a rubric completed by the course director. At the time of the study, Tennessee Board of Pharmacy CPA rules had not been approved by the state's attorney general, thus the proposed CPA rules were used instead as a requirement for development of the legal CPA document.

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