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Teaching and Learning Matters

Development and implementation of a transitions of care elective course

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Abstract

Background: To develop and implement a transitions of care (TOC) course, assess students' knowledge, participation and communication skills during in-class activities, and obtain students' perspectives and feedback on the course. Educational Activity—this was a two-credit elective course offered to third professional year Doctor of Pharmacy students (P3) at the Philadelphia College of Pharmacy at the University of the Sciences. It was designed using an interactive, hands-on approach through the use of patient cases, simulation, interprofessional education, student presentations, and a capstone project. The content of the course included TOC concepts relevant to pharmacists practicing within different health care settings. Several assessments were used to evaluate the students using various rubrics and self-reflection. Quantitatively, the students achieved high grades on individual assignments ranging from B to A⁺. Critical analysis of the educational activity overall, the students described the course as a "great experience" based on the qualitative thematic analysis.

Conclusion: Developing and implementing a TOC elective provided P3 students with an opportunity to learn about pharmacists' role during various points of the TOC process and may have future implications in their performance on rotation and career choice.

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Keywords: Transitions of care; Pharmacy; Curriculum; Active learning; Interprofessional education

Abbreviations: TOC, transitions of care; P3, third professional year Doctor of Pharmacy students; NTOCC, National Transition of Care Coalition; HER, electronic health record; IPE, interprofessional education; PharmD, Doctor of Pharmacy; APPE, Advanced Pharmacy Practice Experience; ACPE, Accreditation Council for Pharmacy Education; CAPE, Center for the Advancement of Pharmacy Education; PT, physical therapy; OT, occupational therapy; PA, physician assistant; CMS, Centers for Medicare and Medicaid Services; TJC, The Joint Commission; AHRQ, Agency for Health care Research and Quality

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Background

Transitions of care (TOC) refer to patients moving within the same health care facility or leaving one health care setting for another. TOC also involves a team of individuals, which include the patient, multiple providers, and family/caregiver/social support. There are many components of TOC, but those that relate to the optimization of medication management include medication reconciliation, discharge education, utilization of a patient-centered electronic health record, timely follow-up with outpatient health care providers through phone calls, and/or in-person visits.

TOC is a focal area within the health care system due to poor health outcomes and increased cost burden to patients

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and payers often associated with poor transitions.² A 2006 Institute of Medicine (IOM) report estimated, conservatively, that preventable adverse drug events resulted in an annual cost of \$3.5 billion. Increased cost and gaps in care may result from a lack of communication between health care providers at the time of TOC.^{2,3} Organizations such as the National Transitions of Care Coalition (NTOCC), recommend several initiatives to address these gaps. These initiatives include improving communication during TOC between health care providers, implementing electronic health records (HER), establishing accountability, increasing the utilization of professional care coordination, and expanding the role of pharmacists in the TOC process.² Training all health care providers in TOC knowledge and skills may improve quality of care and reduce medication errors during critical transitions.⁴ Additionally, increasing the number of knowledgeable and skilled pharmacists that can provide valuable services during the TOC process may be beneficial, as pharmacists have proven to be effective at decreasing medication errors settings.⁵⁻⁹

Published literature on TOC content in the curriculum is most abundant in medical education. 10,11 There are also pieces of literature from nursing 12 and interprofessional 13,14 education (IPE) focusing on TOC concepts. A TOC curriculum for third-year medical students was described in which students conducted peri-discharge meetings with patients or proxies, prepared discharge plans, communicated with the patient's primary physician regarding post-hospital discharge follow-up, and performed medication reconciliation during post-hospital discharge visit. 10 Observing that there is a need for additional training for fourth-year medical students in TOC components, a four-week course was described in which a virtual classroom combined with face-to-face learning was developed to increase students' knowledge on TOC, enable students to develop a discharge summary, and provide students the opportunity to conduct post-hospital discharge phone follow-up.¹¹ Furthermore, a TOC educational pilot was described, within a leadership nursing course in which 20 nursing were able to increase their clinical knowledge through TOC concept-based learning activities such as an integrated clinical post-conference and creation of a TOC performance improvement project. These activities allowed the students to gain a better understanding of nursing roles in TOC. 12 In the IPE literature, a focused post-hospital discharge curriculum is described by Lai et al., in which third-year medical and fourth-year pharmacy students were involved in an interprofessional workshop during which they conducted followup visits with discharged patients followed by a debriefing session. These students coordinated discharges and postdischarge visits together, which fostered a patient-centered approach and a deeper understanding of TOC. 13 Another IPE course included pharmacy, medicine, nursing, physician assistant, and physical therapy students. The course focused on teamwork and interprofessional communication via activities such as identification of TOC issues.

medication reconciliation, effective communication, and goals of care. $^{\rm 14}$

There exists limited literature that describes components of TOC being taught within different years of the Doctor of Pharmacy (Pharm.D.) curricula. Based on the information available, the common components being taught include identification of medication errors through medication errorprone prescription processing, various communication strategies, the implementation and evaluation of taking an appropriate medication history, conducting medication reconciliation, providing medication counseling, and assessing discharge medications. ^{15–17} While other colleges or schools of pharmacy may integrate more TOC components into their respective curriculum, to the authors' knowledge, there is no published literature on a comprehensive TOC course as part of the Pharm.D. didactic curricula.

The Accreditation Council for Pharmacy Education (ACPE) Standards 2016 and the Center for the Advancement of Pharmacy Education (CAPE) 2013 Educational Outcomes discuss the integration of TOC components in the pharmacy curricula. 18,19 Standard 13.1 highlights TOC as a key element for Pharm.D. graduates in order to provide "continuity of care" in various health care settings. This standard also recommends that Pharm.D. students obtain experience in working within an interprofessional patient care team. 18 The CAPE 2013 Educational Outcomes address the importance of pharmacists managing patients' health care needs during TOC using a patient-centered approach. One of the suggestions provided to achieve Domain 2 (Essentials for Practice and Care) is to "manage health care needs of patients during transitions of care."19 Although these domains are mostly addressed during the last year of the Pharm.D. curricula, it was felt that there needed to be exposure and reinforcement of these concepts prior to APPE rotations.

Currently, the Pharm.D. curriculum at the Philadelphia College of Pharmacy addresses various components of TOC including patient counseling, medication safety, medication reconciliation, and communication skills within the second professional year (P2) and third professional year (P3) pharmacy skills laboratory courses. Introduction and reinforcement of these skills within these laboratory courses are similar to pharmacy curricula in other colleges and schools of pharmacy, based on the authors' personal academia experiences and discussion with colleagues in other colleges and schools of pharmacy.

There was an identified need within the Philadelphia College of Pharmacy to offer a dedicated TOC elective course. The aim of the course was to integrate the isolated TOC components being taught in previous courses into a comprehensive course, which would reinforce and enhance the students' understanding and ability to perform essential TOC activities in preparation for APPE rotations and their careers. The goal of this article is to describe the development, implementation, and assessment of the TOC elective course.

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