



Short communication

## Student perspectives on prescriptive authority

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### Abstract

**Purpose:** To gauge student perceptions regarding collaborative drug therapy management (CDTM), including prescriptive authority activities, and to determine student perceptions of level of preparedness and desire to provide these services.

**Methods:** A 15-item survey was administered to all currently enrolled students in the University of Missouri—Kansas City (UMKC) School of Pharmacy. The study population included students in years one through three of didactic coursework as well as students in their experiential year.

**Results:** Overall, 44.3% ( $n = 90$ ) of students felt adequately prepared for CDTM and the prescriptive authority activities that fall under that scope. Of the respondents, 74% ( $n = 29$ ) of students in their last experiential year reported feeling prepared. The majority of students also believe pharmacists can accurately choose, initiate, and modify drug therapy. Moreover, 77% ( $n = 61$ ) of fourth-year students expressed interest in participating in some form of CDTM upon graduation.

**Conclusions:** The majority of pharmacy students feel adequately prepared for the prescribing responsibilities that fall within a collaborative drug therapy management agreement, and most intend to be an active participant.

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**Keywords:** Prescriptive authority; Collaborative drug therapy management; Collaborative practice agreement(s); Comprehensive medication management; Student perspectives

### Introduction

Pharmacist prescribing under collaborative drug therapy management (CDTM) is a fairly new development and one that many pharmacists advocate and support.<sup>1</sup> Much scholarly discussion and attention in the last two decades has been focused on paving the way for the pharmacy profession in this new direction.<sup>1–13</sup> Pharmacists are now enjoying a more expanded role in patients' health management. More and

more pharmacy graduates will be going into practice settings that will allow them to participate in prescribing responsibilities that operate within a CDTM agreement, and it is imperative that they feel prepared and trained to do so. In alignment with the recent report to the U.S. Surgeon General from the Office of the Chief Pharmacist and the Future Vision of Pharmacy Practice from the Joint Commission of Pharmacy Practitioners (JCPP), pharmacists will need to come out of pharmacy schools trained and ready to take on this expanded role as health care providers optimizing medication therapy through CDTM agreements.<sup>2,3</sup>

CDTM, also referred to as collaborative practice, is an agreement or formal partnership between a pharmacist or group of pharmacists and physician(s) wherein qualified

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pharmacists working within the context of a defined protocol are permitted to assume professional responsibility for managing a patient's drug therapy.<sup>14</sup> Under the umbrella of some CDTM agreements, pharmacists can have prescriptive authority. Activities and responsibilities that may fall within the scope of CDTM include the following: patient assessments; selecting, initiating, monitoring, and modification of drug therapy; ordering and interpreting results of laboratory tests related to drug therapy; and administration of medication such as immunizations. As of February 2013, pharmacists in 47 states and the District of Columbia are operating under such protocol and are prescribing for specific chronic conditions such as asthma, chronic obstructive pulmonary disease, diabetes, hyperlipidemia, and hypertension.<sup>15</sup>

In a 2011 commentary written for the American Journal of Health-System Pharmacists, CDTM agreements are described as programs that “allow *qualified* pharmacists working within a defined protocol to assume responsibility for performing patient assessments; ordering laboratory tests; and selecting, initiating, monitoring, and adjusting drug regimens”, the operative word being *qualified*.<sup>16</sup> The author recommends that as a profession we should not *assume* prescribing is a core skill for all pharmacists; instead, there are key fundamentals that occur within “professional training” that give pharmacists the needed skills for prescribing. The professional training discussed in this commentary is considered to be advanced training beyond what students receive during didactic and experiential coursework during a School of Pharmacy program. Authority and educational requirements to practice within a CDTM agreement are generally regulated at the state level, with each state varying significantly based on state legislation, practice environment, and the education and training of the pharmacist.<sup>15</sup> According to many states' CDTM agreements, in order for a pharmacist to prescribe, all one needs is a license to practice pharmacy and the identification of a physician willing to establish a defined protocol within which the pharmacist is allowed to work. Any further training for pharmacists stepping into a prescribing role within the context of a CDTM agreement is not currently required in most states.<sup>1</sup>

Presently at our School of Pharmacy, students are exposed to the aforementioned prescribing responsibilities that fall within a CDTM or collaborative practice agreement in a variety of different ways. Through courses such as Professional Skills found in the first professional (P1) and second professional (P2) years of our curriculum as well as Pharmacotherapy found in the P2 and third professional (P3) years, students are introduced to the concept of CDTM and many of the activities a pharmacist is responsible for within the scope of these agreements. They are also taught how to perform these activities and responsibilities. From patient assessment to interpreting lab values to managing a patient's therapy, students are being trained to perform these skills. In particular, our Pharmacotherapy class designs exams in such a way that students are expected to diagnose,

interpret labs, as well as select, initiate, monitor, or modify medications based on specific patient case data provided. This gives students a real opportunity to practice managing a patient's medication therapy in a classroom environment. Another potential place in our curriculum where students are exposed to CDTM is through our Introductory Pharmacy Practice Experiences (IPPE) that start the summer after their P2 year and Advanced Pharmacy Practice Experiences (APPE) in the fourth professional year (P4). Through these rotations, many students are able to study under faculty and practice site preceptors who practice within a CDTM agreement with an authorizing physician. Unfortunately, this is not an opportunity that all of our students are afforded due to the limited number of faculty and practice site preceptors who are currently operating within one of these agreements. As our state law has allowed for CDTM, more faculty are taking advantage of engaging in these services, expanding their scope of practices, and in turn exposing as many students as possible to this great pharmacy service.

As CDTM and thus prescriptive authority is growing as a potential responsibility for graduating pharmacists, it is important that students recognize this new responsibility and feel prepared to provide services. Students' perception of their preparedness and ability is the first step in moving CDTM into practice. Proper assessment and discussion must be had in order to determine whether pharmacy graduates are leaving school feeling trained to take on this new role. There is no published research exploring how prepared the contemporary student pharmacist feels for this possible addition to their duties upon graduation. This research was designed to gauge student perceptions regarding prescriptive authority activities and to determine student perceptions of level of preparedness and desire to provide these services within the context of CDTM.

## Methods

A survey questionnaire was developed to gauge students' perceptions and comfort level regarding prescriptive authority activities in future practice and the perceived level of preparation. The questionnaire was independently reviewed, and a pilot-test was conducted with a small cross-section of the eligible student population. The survey was administered at the end of the academic year in Spring 2013. The 15-item survey was distributed via e-mail to all pharmacy students currently enrolled in years one through three of didactic coursework as well as students in their final experiential year. Survey respondents were asked to rate their feelings and/or opinions on several statements regarding prescriptive authority on a five-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree) as it pertained to them. Specific statements students were asked to address can be seen in Table 1. Other areas of focus included whether the curriculum has prepared them for their intended career path

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