

What Does it Mean to be “Practice Ready”?

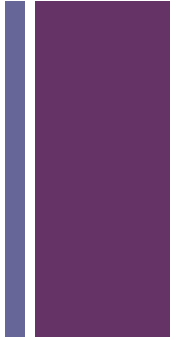
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+ Conflict of Interest

- Cherith Smith, Peggy Griffin and Donna Beall do not have any conflicts of interest to disclose



+ Objectives



- At the end of this presentation, participants will be able to:
 - Understand ACPE accreditation standards as it relates to practice readiness
 - Using assessment tool, evaluate students based on stated competencies
 - Using the PCPP process as an example of an entrustable professional activity, develop a learning plan targeting this competency

+ Outline



- Review accreditation standards
- Discuss as a group the assessment/evaluation tool used by preceptors with an emphasis on “Practice Readiness”
- Provide an overview of the Pharmacist Patient Care Process (PPCP)
- Working in groups, develop a plan on how to incorporate PPCP into an APPE rotation

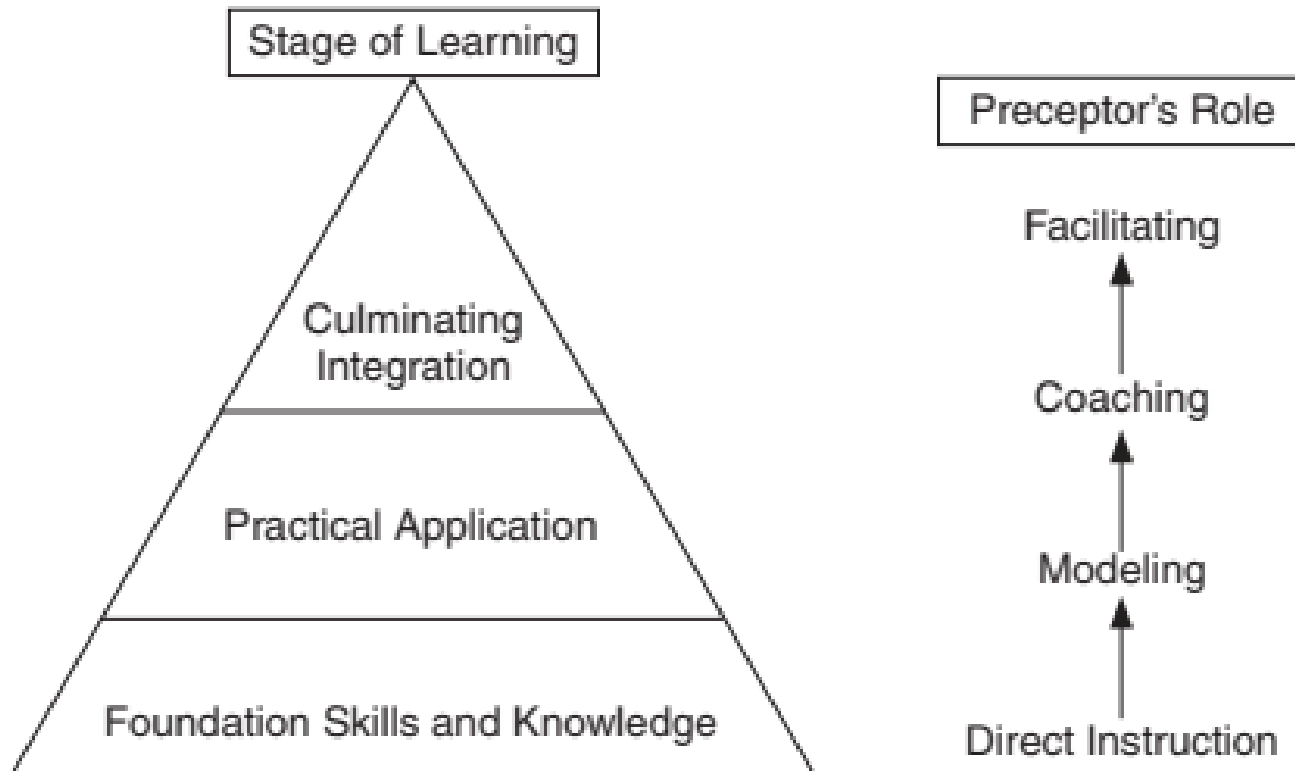
+ Standards 2016 ensure that programs prepare students to:

- Enter advanced pharmacy practice experiences (APPE-ready)
- Provide direct patient care in a variety of health care settings (Practice-ready)
- Contribute interprofessionally (Team-ready)



EPA Domains & Core Statements			CAPE Domains and Subdomains															
			1	2		3				4								
EPA Domain	EPA Core Statement	(PPCP) Pharmacist Patient Care Process 5 step PPCP Process (select 1 or more) Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate	Learner	Caregiver	Manager	Promotor	Provider	Problem Solver	Educator	Advocate	Collaborator	Includer	Communicator	Self-aware	Leader	Innovator	Professional	
1	Patient Provider	Collect information to identify a patient's medication-related problems and health-related needs.		X	X	X		X				X	X					
		Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.	Assess	X	X			X						X				
		Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.	Plan	X	X	X					X		X					
		Implement a care plan in collaboration with the patient, caregivers, and other health professionals.	Implement		X	X		X	X									
		Follow-up and monitor a care plan.	Follow-Up: Monitor & Evaluate		X	X						X		X				
2	Interprofessional Team Member	Collaborate as a member of an interprofessional team.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate	X				X		X	X		X	X	X	X	X	
3	Population Health Promoter	Identify patients at risk for prevalent diseases in a population.	Collect			X	X		X		X	X	X					
		Minimize adverse drug events and medication errors.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate			X	X	X		X	X	X	X	X				
		Maximize the appropriate use of medications in a population.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate		X	X	X	X		X	X	X	X	X				
		Ensure that patients have been immunized against vaccine-preventable diseases.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate		X	X	X	X		X	X	X	X	X				
4	Information Master	Educate patients and professional colleagues regarding the appropriate use of medications.	Assess, Implement, Follow-Up: Monitor & Evaluate	X					X	X		X	X		X		X	
		Use evidence-based information to advance patient care.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate	X								X	X			X		
5	Practice Manager	Oversee the pharmacy operations for an assigned work shift.	Assess, Plan, Follow-Up: Monitor & Evaluate		X			X					X	X	X	X	X	
		Fulfill a medication order.	Implement		X			X					X					
6	Self-developer	Create a written plan for continuous professional development.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate											X			X	

Figure 1. The learning pyramid (left), representing various stages of cognitive learning in the context of pharmacy education, and (right) appropriate preceptor roles corresponding to those learning stages. Reprinted with permission from reference 7.



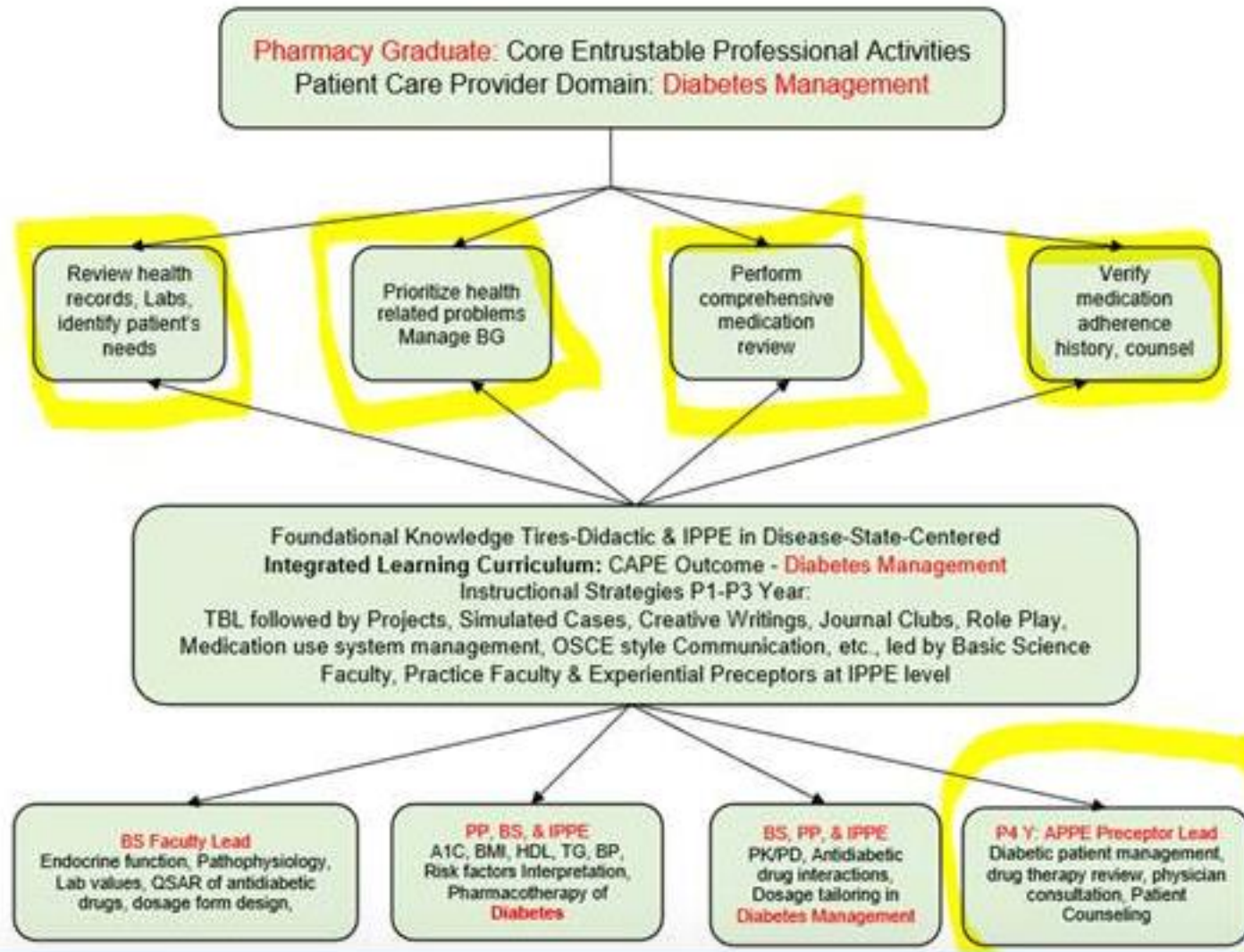
American Journal of Pharmaceutical Education 2016; 80 (4) Article 57.

Table 2. Rubric Example of One Milestone Entrustable Professional Activity (EPA) with Respective Level Descriptions

Milestone EPA: Assess the pathophysiology of a patient's disease states/conditions

Level of Entrustment	Description
Level 1	I trust the student, with specific direction and direct supervision, to initiate a preliminary assessment of common conditions seen within the practice setting. The student requires significant correction for performance improvement.
Level 2	I trust the student, with direct supervision and frequent correction, to assess common chronic conditions seen within the practice setting. The student accepts feedback for performance improvement.
Level 3	I trust the student, with limited correction, to assess common chronic conditions seen within the practice setting. The student is self-directed and seeks guidance as necessary.
Level 4	I trust the student to completely and accurately assess common chronic conditions seen within the practice setting as an independent practitioner (upon licensure).
Level 5	I trust that the student has mastered the ability to completely and accurately assess common conditions seen within the practice setting as an independent practitioner (upon licensure). The student is qualified to give meaningful feedback to other learners.

Example of a Core Entrustable Professional Activity (EPA) and Foundational Knowledge using Diabetes Management



Abbreviations: BG- blood glucose, BS – Basic Science, QSAR – Quantitative Structure Activity Relationship, PP – Pharmacy Practice, IPPE – Introductory Pharmacy Practice Experience, APPE – Advance Pharmacy Practice Experience, CAPE – Center for the Advancement of Pharmacy Education, OSCE – Objective Structured Clinical Examination

PHARMACISTS' PATIENT CARE PROCESS

Standard 10.8 Pharmacists' Patient Care Process

- The curriculum prepares students to provide patient-centered collaborative care as described in the Pharmacists' Patient Care Process model endorsed by the Joint Commission of Pharmacy Practitioners.



- Approved by JCPP organizations in May 2014.
- Supported by 13 national pharmacy organizations.