

## PGY-1 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 Workforce Development** has developed a sample elective learning experience description compiling suggested activities and experiences for pharmacy residents.*

### ***Institution Name***

Pharmacy Department  
PGY-1 Pharmacy Practice  
Specialty Pharmacy, Elective Rotation

<b>Primary Preceptor:</b> <i>Name</i> <i>Job Title</i> <i>Email</i>	<b>Additional Preceptors:</b> <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 an elective, month long rotation for PGY-1 residents at *Institution Name*. The *specialty pharmacy name* is a closed-door, mail-order pharmacy that dispenses specialty medications. *Specialty pharmacy name* is located on \_\_\_\_\_ 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 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.

Residents will be provided 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 for improvement. Residents are encouraged to express their interest in particular service lines during their initial meeting with their primary preceptor.

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.

Residents will be required to lead topic discussions in the disease state areas they are interested in and have agreed upon with their primary preceptor. The residents may choose to engage staff with an educational formal presentation if they so choose. Residents will be formally evaluated during midpoint and final evaluations with their preceptors via PharmAcademic.

### **Hours and Preceptor Interaction**

- *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\*\**

### **Potential Disease State 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:

- *Operations*
  - o *Insurance Overview*
  - o *Patient Assistance Programs*
  - o *Medication Reconciliation*

- Medication Education
- Adherence Coaching
- Storage specifications for specialty medications
- Logistics and Delivery of medications
- Script Data Entry
- DUR Review
- Neurology
  - Multiple Sclerosis
  - Tardive Dyskinesia
  - Parkinson’s Disease
  - Spinal Muscular Atrophy (Spinraza)
- HIV & Hepatology
  - Basic HIV pharmacotherapy overview
  - HIV and HCV co-infection
  - Managing drug interactions with antiretroviral therapy (HIV and Hepatitis C)
  - Opportunistic infection prophylaxis
  - Managing antiretroviral associated side effects
- Oncology
  - Brain tumor pharmacotherapy
  - Breast cancer pharmacotherapy
  - Managing adverse effects of oral chemotherapy
- Inflammatory (dermatology, gastroenterology, rheumatology)
  - Psoriasis pharmacotherapy
  - Crohn’s disease and ulcerative colitis pharmacotherapy
  - Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis pharmacotherapy
  - Medication side effect management
- Cardiology
  - Use of PCSK-9 Inhibitors for HLD
  - Review of newly approved cardiology medications
- Infertility
  - Review of medications used in reproductive therapies

**Goals and Objectives Taught and Evaluated**

Objective	Matched Activity
<p><b>Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.</b></p>	
<p><b>Objective R 1.1.7:</b> (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.</p>	<ul style="list-style-type: none"> <li>- Appeals, prior authorizations, and insurance claims will be documented</li> <li>- All communications with patients will be documented</li> <li>- All provider interactions will be communicated/documentated</li> <li>- Accurately gather, organize, and analyze patient specific information on assigned patient. Document assessment and plan in case management system and/or electronic health record</li> </ul>

<b>Goal R1.2: Ensure continuity of care during patient transitions between care settings.</b>	
<b>Objective R 1.2.1:</b> (Applying) Manage transitions of care effectively.	<ul style="list-style-type: none"> <li>- Coordination of benefits for patients enrolling in new therapies</li> <li>- Coordinating continuation of medications, insurance benefits, and communication between providers, patient, and primary care teams</li> <li>- Effectively communicate plan and recommendations to the prescriber and nurses in the clinics</li> <li>- Properly intake new prescriptions and identify patients that may benefit from specialty pharmacy services</li> </ul>
<b>Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</b>	
<b>Objective R1.3.3:</b> (Applying) Manage aspects of the medication-use process related to oversight of dispensing.	<ul style="list-style-type: none"> <li>- Partake in complete script data entry and processing of new prescriptions</li> <li>- Troubleshoot errors that arise from operations (e.g. filling, inventory, errors, insurance, etc.)</li> <li>- Coordinating delivery of medication with delivery service and patient</li> </ul>
<b>Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).</b>	
<b>Objective R4.1.2:</b> (Applying) Use effective presentation and teaching skills to deliver education.	<ul style="list-style-type: none"> <li>- Properly answer any questions that patients may have from counseling interactions (face-to-face or phone call) and deliver any information patient needs at a health literacy level that is related to the patient</li> <li>- Properly onboard new patients to clinical service lines by providing information on what specialty pharmacy services are, answering any medication therapy questions, and properly demonstrating use of medication (e.g. injection teaching)</li> <li>- Properly lead/precept APPE students in topic discussions, daily patient-care activities, and presentations (if available)</li> <li>- Present an informal and formal case presentation by the end of the rotation (optional)</li> </ul>
<b>Objective R4.1.4:</b> (Applying) Appropriately assess effectiveness of education.	<ul style="list-style-type: none"> <li>- Perform refill reminder call backs and adherence coaching via phone</li> <li>- Precept APPE student(s) on rotation by delegating clinically appropriate assignments (e.g. clinical assessments, patient counseling, medication histories, etc.) and providing timely and constructive feedback to student (if applicable)</li> </ul>

**Progression of the Resident**

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.*

<b>Type of Evaluation</b>	<b>Responsible Party</b>	<b>Point of Completion</b>
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