

**Public Health Learning Experience:**

**Preceptor: Julia McLellan, Pharm.D. CCMAP Manager**

**Office: 1st floor Cumberland County Department of Public Health Pharmacy**

**Hours: 8:00am-5:00pm, M-F**

1. **General Description**

Public Health rotation is a 4 week elective learning experience at the Cumberland County Department of Public Health. Our site fills medication for numerous programs on a daily basis. The CCMAP program is dedicated to improving the quality of life for eligible residents of Cumberland, Hoke, Harnett, and Sampson counties by operating a licensed, non-profit pharmacy that assists patients in obtaining medication for chronic disease states to over 2,500 patients each month. This program is able to provide medications from samples, purchased medicines and drug manufacturers' patient assistance programs. Through the use of these programs CCMAP is able to provide many prescription medications at little or no charge to individuals with no prescription insurance. In cooperation with the patient's physician, CCMAP provides each patient with increased access to the medications they need to manage chronic diseases. In addition to the CCMAP program our pharmacy also fills prescriptions for the Cumberland County Department of Public Health clinics (women’s health, epidemiology, and communicable disease) as well as the Cumberland County Detention Center patients. Our team consists of 2 pharmacists and 7 pharmacy technicians. The pharmacy technicians all work together to process applications with the drug companies for the patients.

The pharmacy manager is responsible for all pharmacy operations to include ordering, dispensing, grant reimbursements, and documentation for the three different pharmacy programs that operate out of this location. She works to assure timely medication availability; education of patients and their family members, education of providers about patient assistance programs currently available, and collaborates with different community resources to help the patients obtain the medication and medical assistance needed to lead healthier lives.

The pharmacy resident is responsible for identifying and resolving medication therapy issues for patients and will work toward knowing how the CCMAP program operates as a whole, demonstrating they can prepare and dispense medications to the patients in the three pharmacy programs, as well as work with the clinics to provide pharmacy services to the patients that will improve their quality of life. Documentation must be completed on the day service was provided for any drug information questions or interventions. The resident is responsible for providing education to patients regarding proper use and technique of medications.

Good communication and interpersonal skills are vital to success in this experience. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

1. **Disease States**

Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience including, but not limited to:

* Neurological disorders
	+ Epilepsy, pain
* Cardiovascular disorders
	+ Hypertension, heart failure, stroke, hyperlipidemia
* Respiratory disorders
	+ Asthma, COPD
* Gastrointestinal disorders
	+ GERD, pancreatitis, hepatitis
* Endocrinologic disorders
	+ Diabetes Mellitus, thyroid disorders
* Immunizations
* Tuberculosis
	+ Active and latent
* Sexually transmitted diseases
	+ Chlamydia, gonorrhea, syphilis, PID, trichomoniasis, bacterial vaginosis, chancroid, HPV, pediculosis pubis, herpes simplex
1. **Goals and Objectives**

 The goals selected to be taught and evaluated during this learning experience include:

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

R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

R3.2 Demonstrate management skills

1. **Preceptor Interaction**

Daily: Preceptor will be available throughout the day for questions,

teaching, topic discussions, patient updates, feedback etc.

 Twice weekly: 1 hour in the afternoon meet for topic discussions

Tuesday: Administrative day for preceptor so there will be more office time available on Tuesdays. Time depends on preceptors meeting schedule for that particular day.

**5) Communication:**

1. Daily and weekly scheduled meeting times: Residents to prioritize questions and problems to discuss during scheduled meeting times as listed above.
2. E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.
3. Office extension: Appropriate for urgent questions pertaining to patient care.
4. Personal phone number: Provided to resident at time of learning experience for emergency issues.

**Expected progression of resident responsibility on this learning experience:**

***(Length of time preceptor spends in each of the phases will be customized based upon resident’s abilities and timing of the learning experience during the residency training year)***

Day 1 Preceptor will review rotation calendar, learning activities, expectations, and learning assignments with preceptor.

Week 1: Resident will spend time with the preceptor who will be modeling his/her role. Resident will have one day each week to be in the pharmacy dispensing to the various clinics and programs. Resident will learn the computer systems (Visual and TPC) and how the CCMAP program works.

Week 2: Resident will begin to function in the role as the public health pharmacist with coaching and facilitating by the preceptor. The preceptor will be available, daily, to discuss problems.

Weeks 3-4: Resident will be able to cover the duties of the public health pharmacist with facilitating from the preceptor, continuing to discuss identified problems with preceptor daily.

1. **Evaluation Strategy**

PharmAcademic will be the primary mode of evaluation documentation (see chart below). The resident is to complete a summative self-evaluation, preceptor evaluation, and learning experience evaluations. The preceptor will complete the summative evaluation of the resident. For all end of learning experience evaluations completed in PharmAcademic, the resident and the preceptor will complete them independently and save as a draft. A face to face evaluation will take place at the end of the learning experience to discuss the resident’s performance on the rotation and to discuss and compare evaluations. This discussion will also provide feedback on both performance of activities and accuracy of resident’s self-assessment skills. For areas marked as “Needs Improvement” or “Achieved”, both the resident and preceptor are to comment on why this rating was selected. Evaluations will be signed in PharmAcademic following the discussion. Throughout the month, verbal feedback will be given and the preceptor has the option of using PharmAcademic (“Provide Feedback to Resident” on individual resident page) to provide insight into the performance of patient care activities and/or administrative activities and skills. Formative feedback on resident progression towards achievement of goals will be used to adjust future rotation plans and activities.

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| **Type of Evaluation** | **Who Completes the Evaluation** | **When is the Evaluation Completed** |
| Written and Verbal Formative Feedback | Preceptor | Throughout rotation based on activities; resident to place written feedback into electronic portfolio |
| ASHP Preceptor Evaluation | Resident | End of learning experience |
| ASHP Learning Experience Evaluation | Resident | End of learning experience |
| Summative Self-evaluation | Resident | End of learning experience |
| Summative Evaluation | Preceptor | End of learning experience |