In May 2014, the Joint Commission of Pharmacy Practitioners adopted the pharmacists’ patient care process (PPCP), a consistent approach to patient-centered care for pharmacists in all practice settings. The PPCP consists of five steps: collect, assess, plan, implement, and follow-up (Figure 1). The process is applicable in any practice setting where pharmacists provide patient care services, but the scope and expectations of each step may vary across practices. The PPCP is not a new approach to patient care; rather it attempts to standardize terminology throughout the profession. A previous article by Siodlak and Porter in The Journal provides pertinent background information about the PPCP and supports its adoption to better compile evidence to demonstrate the impact of pharmacists’ clinical services on patients. As the PPCP comes to the forefront of teaching and practice, preceptors are challenged to incorporate PPCP concepts into their work with learners.

The Accreditation Council for Pharmacy Education integrated the PPCP into the 2016 accreditation standards for all Doctor of Pharmacy degree programs. This has provided pharmacy school students with a common way to approach patient care, using standardized terminology and concepts. Students are then able to apply this approach to the many different pharmacy practices they see during experiential rotations, residency, and in their careers. Preceptors are now challenged to utilize the PPCP terminology and approach when precepting students and residents.

Integrating the Patient Care Process into Precepting

There are multiple ways that preceptors can incorporate the PPCP with learners. The PPCP is relatively new, but with

FIGURE 1. The Pharmacists’ Patient Care Process

Pharmacists’ Patient Care Process
Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

Collect
The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

Assess
The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

Plan
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

Implement
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

Follow-up: Monitor and Evaluate
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

Reprinted with permission
TABLE 1. Linking the Pharmacists’ Patient Care Process for Preceptors and Learners

<table>
<thead>
<tr>
<th>PCPP Step</th>
<th>Prompting Questions for Preceptors to Use</th>
<th>Learner Activities</th>
</tr>
</thead>
</table>
| COLLECT  | • What information do you need about this patient?  
• How and where will you collect information from?  
• How will you communicate and collaborate in a patient-centered way? | • Determine patients’ home medication list and health conditions  
• Gather relevant health data from multiple sources (e.g. CC, HPI, allergies/ADRs, labs, social history, etc.)  
• Determine how frequently patient is taking medications |
| ASSESS   | • What are the goals of therapy for each medication? Are they being met?  
• What drug therapy problems are present?  
• What therapeutic options exist and what are the pros/cons of each? | • Perform medication reconciliation  
• Review each medication to determine indication, effectiveness, safety, adherence, and goals of therapy  
• Identify drug therapy problems  
• Identify unnecessary therapies  
• Consider immunization status, cultural factors, preventive care services needed, etc.  
• Correlate lab levels with medication effectiveness and health status |
| PLAN     | • What medication(s) and/or non-pharmacological therapies do you recommend?  
• What is the plan to resolve and/or prevent drug therapy problems?  
• How will you partner with the patient to implement your plan?  
• How will you prioritize interventions?  
• How can you motivate the patient to make lifestyle changes and/or improve adherence?  
• How will you document your plan?  
• How will you communicate your plan to others? | • Identify resolution(s) for each drug therapy problem  
• Determine what follow up testing, procedures, labs, etc are needed  
• Develop care plan in collaboration with patient and health care providers  
• Identify relevant monitoring parameters  
• Prepare for IV/PO conversions  
• Obtain prior authorizations  
• Schedule medication delivery  
• Determine appropriate timeframe and mode of follow-up |
| IMPLEMENT | • Who do you need to communicate and collaborate with to implement the plan?  
• What is within the scope of a pharmacist’s practice?  
• Are there any protocols or collaborative practice agreements in place?  
• What will you do if the provider disagrees with your recommendation? | • Communicate care plan with patient, family members, other healthcare providers, etc.  
• Provide education about medications, immunizations, point of care testing, etc.  
• Discuss preventive care strategies and lifestyle modifications with patient  
• Initiate, modify, discontinue, or administer medications, as authorized  
• Implement patient assistance program(s) for patients  
• Complete documentation for billing |
| FOLLOW-UP | • How will you know if the intervention is successful?  
• What safety parameters require follow-up?  
• Are there any new drug therapy problems?  
• What progress is the patient making toward their therapeutic goals? | • Evaluate patients’ adherence and progress towards goals of therapy via phone calls or in-person visits.  
• Identify next steps to reach goal(s) of therapy  
• Schedule necessary lab testing, procedures, follow up visits, etc.  
• Complete comprehensive medication review |

Abbreviations: CC = chief complaint; HPI = history of present illness; ADR = adverse drug reactions; IV = intravenous; PO = by mouth

its prevalence in educational settings and increased utilization in practice, is something all pharmacists should become familiar with. The concepts in the PPCP are not new, but the terminology may be slightly different than what preceptors learned during their training. Preceptors are encouraged to use the PPCP’s terminology in their daily work. The terms “collect”, “assess”, “plan”, “implement” and “follow-up” must become the norm in pharmacy practice and preceptors should strive to point out these steps in their daily workflow to learners. Diligent efforts to use these terms consistently allows students and new practitioners to see how the PPCP manifests across practice settings. Preceptors should also consider which steps of the PPCP they use most frequently in their practice and how in depth their responsibilities are at each step. With this awareness, preceptors can more readily point out the PPCP opportunities to learners.

A special consideration when incorporating the PPCP into precepting is the level of learner preceptors are working with. Preceptors should have different expectations of first-year pharmacy students than a pharmacy resident, yet the PPCP should be used with all learners. Preceptors may need to tailor specific rotation activities differently to the PPCP depending on the level of their learner. For example, learners in their final year of pharmacy school may be able to assess for drug therapy problems and devise a plan for a patient with hypertension who presents with nasal congestion in...
Collect

The Collect step of the PPCP process is critical and provides the basis for other steps in the PPCP. This step is one that should be the primary focus with new learners, such as first-year pharmacy students or learners new to the practice site. These learners may be too early in their training to have a good grasp of pharmacotherapy to accurately complete the Assess, Plan, or other subsequent steps. Preceptors should focus on where learners collect individual pieces of patient data and discuss why each piece of information is relevant.

Learners will need to become familiar with the multiple sources of patient information within an electronic health record or computer database. Other healthcare providers, including nurses, physicians, mid-level providers, social workers, and dieticians may have information that is important to collect. Additionally, preceptors can discuss how learner can best collect pertinent information using effective communication skills, including demonstrating empathy with patients and family members who may be in distress. In certain pharmacy practices, preceptors and learners can engage in physical assessment of patients to gather additional information.

Assess

The Assess step of the PPCP can be a focus once the learner has an understanding of disease states and their associated medication therapies. Learners are encouraged to consider each medications’ indication, efficacy, safety, and adherence. This step of the PPCP is crucial for identifying drug therapy problems. This step is an ideal time to discuss disease state treatment guidelines and goals of therapy with learners. Preceptors may choose to compile commonly used guidelines into a central repository, or encourage learners to perform literature searches to retrieve this information. Regardless of the method, learners are using their clinical knowledge and available literature to assess patients and identify drug therapy problems. Preceptors should encourage learners to discuss medication safety, any necessary monitoring, and factors that may impact patient adherence.

Plan

During the Plan step of the PPCP, learners address each of the previously identified drug therapy problems and prioritize their interventions. Preceptors should encourage learners to consider the patients’ goal(s) of therapy and educational needs when devising the plan. Learners will need to consider the implications of their planned interventions, including direct costs of medications, supplies, and additional testing. This step is also an opportunity for preceptors to discuss indirect and intangible patient costs, such as navigating medication access, managing side effects, or planning for care assistance.

Implement

Implement is a crucial step of the PPCP; however, most learners will not have had an opportunity to perform this step in a classroom or laboratory setting. Often, experiential rotations or pharmacy residency are the first opportunities for learners to be responsible for implementing their patient care plan. Preceptors can share their past experience with care plan implementation and discuss the feasibility of each plan element. Preceptors will need to share their scope of practice with learners to determine which elements of the plan can be implemented independently and which elements will require additional conversation or documentation. Learners should be encouraged to discuss the plan with the patient, the patients’ family members, and other healthcare providers before implementation. Preceptors can also be a great source of guidance and support if another provider disagrees with an element of the plan and can discuss alternatives with the learner.

Follow-Up

The Follow-Up step of the PPCP is another step that many learners haven’t experienced in the classroom and may be difficult to fully expose them to due to time constraints and the short duration of many rotation experiences. However, preceptors in many outpatient and ambulatory settings may be poised to independently schedule or perform follow-up visits with patients that learners can participate in. It is also important for learners to consider all elements of follow-up, including medication monitoring parameters, lab testing, and adherence evaluations. This is also a time for preceptors to discuss transitions of care with learners and identify barriers and solutions within this process.

PPCP Opportunities for Learners

It can be very useful for preceptors to create tools, such as patient work-up documents or monitoring forms, for learners to utilize during their rotations. When possible, the tools should incorporate the PPCP terminology and the preceptor should initiate a discussion of where the tool fits in their daily workflow. Table 1 provides several examples of activities that learners commonly complete during their rotations and an alignment of activities to each step of the PPCP. Prompting questions associated with each step of the PPCP are also included for preceptors to use in their discussions with learners. These activities and questions can be used in any pharmacy practice, although the scope of the preceptor’s work may drive the depth of exposure to each step of the PPCP.

Conclusion

Intentionally incorporating the PPCP when precepting learners is a natural next step in showcasing how this process manifests across all aspects of the pharmacy profession. Preceptors need to utilize the standardized PPCP terminology when describing their patient care process and
assigning daily tasks to learners. Learners look to preceptors as important role models who can assist in their development as practitioners. Consistent and purposeful use of the PPCP can help pharmacists provide quality patient care and advance the profession.

Melissa Theesfeld is the Director of Experiential Education and an Associate Professor of Pharmacy Practice at Concordia University Wisconsin School of Pharmacy in Mequon, WI. Nicholas Beaupre is a Clinical Pharmacist at Hennepin County Medical Center in Minneapolis, MN. Brennin O’Brien is a Pharmacist at Walgreens in Mankato, MN.

Disclosures: The authors declare no real or potential conflicts or financial interest in any product or service mentioned in the manuscript, including grants, equipment, medications, employment, gifts, and honoraria.

References

“I’M ALWAYS WATCHING OUT FOR MY PATIENTS, BUT WHO’S WATCHING OUT FOR ME?”

WE ARE.

We are the Alliance for Patient Medication Safety (APMS), a federally listed Patient Safety Organization. Our Pharmacy Quality Commitment (PQC) program helps you implement and maintain a continuous quality improvement program that offers strong federal protection for your patient safety data and your quality improvement work. PQC also helps you comply with quality assurance requirements found in network contracts, Medicare Part D, and state regulations. We offer flexible and powerful tools, ongoing training and support to keep your pharmacy running efficiently, and most importantly, to keep your patients safe.

Call toll free (866) 365-7472 or visit www.pqc.net

PQC IS BROUGHT TO YOU BY YOUR STATE PHARMACY ASSOCIATION