Standardized Patient Assessment in a Disease State Management Model[1]

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Standardized Patient Assessment (SPA) laboratory is a workshop approach to teaching basic patient assessment skills in a disease state management model. The workshops include the application and refinement of interpersonal communication skills and an opportunity to coalesce content from several required courses to develop a strategy that provides quality pharmaceutical care. The class is taught in the third professional year. Within the SPA laboratory there are three innovations: (*i*) The student demonstrates the ability to integrate knowledge and skills gained in the law, dispensing, management, communications, pathophysiology, and therapeutics courses. (*ii*) The student uses this integrated approach within a disease state management model to practice management, patient assessment, documentation, and reimbursement principles. (*iii*) Simulated encounters monitor students' progress in assessing, evaluating, communicating, and resolving multivariate patient care situations. Combining these three innovations allows the students to enhance their level of clinical functioning. An assessment of the influence of the course innovations reveals that students have a moderate level of clinical functioning with deficiencies in documentation skills.

INTRODUCTION

The Bernard J. Dunn School of Pharmacy curriculum uses an integrated disease state management approach to teaching pharmacology, therapeutics, pathophysiology, alternative and complimentary care, and over the counter treatments known as "Integrated Care." When the pharmacy curriculum was first established at the Bernard J. Dunn School of Pharmacy, the nursing faculty at Shenandoah University facilitated the physical assessment component of the curriculum. In order to further integrate the curriculum, the pharmacy practice faculty recreated the physical assessment lab into an integrated course, the Standardized Physical Assessment laboratory (SPA), which combines physical assessment and disease state management skills.

The use of simulated patients has been successful in evaluating students' clinical skills in both medical and nursing schools(1,2). Due to its success, the pharmacy practice faculty decided to use the same system in the SPA laboratory to assess the ability of students to perform physical assessment in addition to evaluating other clinical patient care skills. Simulated patient encounters allow instructors to monitor each student's progress within a controlled environment and provide a more constructive critique. To our knowledge based on a literature review, the combination of a comprehensive disease state management education and simulated encounters has not been attempted elsewhere in health care teaching(3,4).

The intent of the SPA laboratory is to teach the practical means of physical assessment and patient care applications in a disease state management model. Students will be expected to combine physical assessment skills with monitoring, optimizing, and recommending pharmacotherapeutic plans in simulated pharmacy practice models. In addition, they will gain experience with documentation and compensation. It is our aim that by providing such an integrated approach we will increase the likelihood that our graduates will initiate successful disease state management services in the years to come.

GOAL OF THE INNOVATION

Several members of the first class of the School of Pharmacy expressed concern near graduation that they were not ready to begin offering disease state management services in areas that do not already have such services in place. This concern was based on inexperience with issues of organization, initiation, billing, and documentation rather than any lack of understanding of pharmaceuticals or disease management. The goal of the course redesign is to empower our graduates to begin disease state management services and increase the likelihood of success.

COURSE GOALS AND OBJECTIVES

The SPA laboratory course is designed to help the student to develop proficiency in six areas of disease state management as outlined by the objectives in Table I. Through meeting the goals of the course, the student will:

1. exhibit a clinical functional level (in assessment, communication, and problem solving skills) appropriate for entry into the patient care environment;
2. develop the necessary skills and knowledge base to be qualified to administer disease state management programs such as smoking cessation, asthma management education, and vaccine administration; and

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Table I Specific objectives of disease state management education

Assessment
1. Learn basic physical assessment skills and the appropriate use of these skills in pharmacy practice.
2. Identify and collect information needed through history, laboratory, consultant, and prescription data to prevent or resolve medication-related problems.

Evaluation
1. Plan and perform ongoing patient evaluation to identify drug related problems.
2. Integrate knowledge from areas of management, taw, therapeutics, pathology, pharmacology, and psychosocial aspects of disease as needed to design, implement and evaluate patient- specific pharmacotherapeutic regimens to prevent or resolve medication-related problems.
3. Interpret and evaluate pharmaceutical data and related information to prevent or resolve medication-related problems.

Communication
1. Practice skills in interpersonal communication previously demonstrated in the Communications course.
   A. Maintains professional manner.
   B. Shows willingness to educate the prescribers, caregivers, and patients.
   C. Overcomes communication barriers of status or rank, educational level, and setting.

Resolution
1. Apply knowledge from areas of management, law, therapeutics, pathology, pharmacology, and psychosocial aspects of disease as needed to the clinical problem solving process.
2. Recommend medication changes based upon relevant patient factors, such as pharmacodynamic, physiologic, pharmacokinetic, and psychosocial parameters.
3. Implement the pharmaceutical care plan.
   A. Provide counseling to patients and/or caregivers relative to the proper use and effects of medications as appropriate to the disease state.
   B. Provide counseling relative to the proper use of medical goods and devices as appropriate to the disease state.
   C. Provide rationale to other healthcare professionals for drug therapy decisions.

Documentation
1. Document pharmacy practice activity in the patient's medical record to facilitate communication and collaboration among providers and allow for reimbursement.
2. Communicate effectively with other healthcare professionals using consult notes.
3. Formulate a business proposal for a new clinical service.

Compensation for Services
1. Accurately complete a HCFA 1500 form for reimbursement for pharmacy cognitive services.
2. Understand the principles and requirements of "Incident to" billing.
3. Choose appropriate International Classification of Diseases (ICD-9) codes.
4. Demonstrate the documentation requirements for each billing code.

3. collaborate with physicians, other health care professionals, patients and/or their caregivers to formulate a pharmaceutical care plan, including the recommendation of pharmacotherapy specific to patient needs and desired outcomes.

DESCRIPTION OF THE TEACHING INNOVATION

General Course Description

Standardized Patient Assessment (SPA) laboratory is an interactive workshop that introduces patient assessment skills and aspects of disease state management. It allows the application and refinement of interpersonal communication skills while developing a strategy for delivering optimum pharmaceutical care. The SPA course, which is taught in the third year of a four year curriculum, is an ideal place for students to demonstrate their ability to integrate information taught in the "Integrated-Care" course as well as the dispensing, communications, law, and pharmacy management components of the curriculum (see Appendix A).

The patient assessment component of the course introduces practical assessment skills in the context of a specific disease or system. For example, in the cardiovascular module of the "Integrated-Care" course, the focus is on hypertension and congestive heart failure (CHF). To build upon this material, patient assessment skills introduced include physical assessments such as breath sounds, weight, pulse, blood pressure, and pedal edema. In addition, the students are introduced to patient assessment they might find in a patient chart, such as laboratory monitoring, echocardiogram consult, and chest x-ray reports for a patient in a CHF exacerbation. The patient assessment component is completed with a discussion and example of targeted history taking which includes effective means to elicit monitoring information about the disease state and drug monitoring for efficacy and side effects. It is our goal for students to be able to perform and implement appropriate skills in their practice setting and also to expose the student to assessments performed by other health care professionals.

Other areas important to successful disease state management programs are documentation and reimbursement for services. The documentation exercises in SPA are linked to patient encounters that the student completes within the SPA laboratory. Students are evaluated on both a progress note using SOAP format and a consult letter. Reimbursement issues of disease state management are presented in two workshops. First, the students include costs and reimbursement in preparing a proposal for a new clinical service. Second, the students attend a workshop on how to bill for pharmacy services. Our goal is for students to understand the remuneration processes within varied practice settings.

The disease state management component serves to enhance the clinical function level of the student prior to their fourth year experientials. The clinical function level is determined by their ability to assess, evaluate, communicate, and resolve specific patient care situations. The students are evaluated at least three times a semester, if not more, on their ability to handle a simulated patient care situation professionally and completely.

Course Format

A disease state management format was integrated

Fall	Spring
First Professional Year	First Professional Year
Introduction to Pharmacy Practice	Integrated Basic Health Science
Integrated Basic Health Science	Pharmaceutics II
Pharmacy Law/Ethics	Service Learning Projects
Pharmaceutics I (Calculations)	Pharmacotherapy Principles
Second Professional Year	Second Professional Year
Pharmacokinetic Principles	Integrated Care and Science
Drug Literature Evaluation	Pharmaceutical Care in Practice
Principles of Drugs and Disease	Patient Counseling / Communications
Pharmaceutics III	Professional Elective
Psychosocial Aspects of Disease	
Elective	
Third Professional Year	Third Professional Year
Integrated Care and Science	Integrated Care and Science
Professional Practice Management	Professional Practice Management Select
Clinical Research Methods	Pharmacy Practice Laboratory
Standardized Patient Assessment	Biostati sties
Professional Elective	Standardized Patient Assessment
Fourth Professional Year	Fourth Professional Year
Clerkships	Clerkships

Fig 1. Shenandoah University Doctor of Pharmacy curriculum.

throughout the course using the same modular design as the "Integrated-Care" course (see Figure 1). The SPA workshops and encounters are held after the disease state has been studied in all other courses. Each module addresses the basic physical assessment needs and provides a systematic approach to monitoring patient care. The workshops are designed to foster active learning and move away from a lecture-based format.

Each SPA workshop is introduced with a medication quiz. The workshop is then conducted in two components. First, students are introduced to the essential patient assessment skills in addition to a quick review of disease state principles. Second, the students engage in a pharmaceutical care activity. Most laboratory activities include group work for inpatient chart reviews, simulated patient encounters, and practice time for patient assessment and interviewing skills.

The one-credit hour laboratory consists of two, three-hour sections which meet once a week for two semesters. In order to maintain the integrity of cases presented and convenience of guest speakers, both sections meet on the same day. The class uses three different rooms during the year depending on the workshop content: (*i*) a traditional classroom for the introduction of assessment skills and disease state discussion; (*ii*) a Phase IV Clinical Trial room for patient care simulations and space for patient assessment practice; and (*iii*) the SPA laboratory room which is equipped for videotaping in eight stations. The laboratory is used for role-play simulations and assessments of simulated patient encounters.

The faculty maintain practices in ambulatory care in a managed care setting, community practice, ambulatory care in a fee-for-service practice, and inpatient acute care practice. Each faculty member is responsible for providing a workshop in his/her specialty interest and case scenarios for simulated patient encounters. The SPA laboratory is able to provide the student with practical situations and examples from each practice setting.

Evidence of Student Learning

The assessment of the student contains a broad spectrum of clinical pharmacy skills. Assessments include medication quizzes, videotaped simulated patient encounters, simulated encounter task lists, SOAP and consult notes, a business plan, and participation points (Table II).

Medication Quizzes

The quizzes cover medications, which are related to the disease state module to be discussed during the class period. It consists often fill-in-the-blank questions worth one point each. The quiz serves to evaluate students' knowledge of medication indications, dosages, monitoring, and side effects. Medications are selected from the top 200 selling prescriptions as published by RxList.com and a few over-the-counter products.

Documentation Assessments

The students in the SPA laboratory are assessed on a SOAP note and a consult note. The SOAP note is assessed as a group project, whereas the consult note is assessed individually. A case is discussed during the lab time and a plan is decided for the case. This helps to streamline the assessment process as students are not graded based on their therapeutic knowledge. The notes are then assessed for correct format and complete content.

Clinical Business Proposal

The clinical business proposal is for groups of five to six students. The group is responsible for presenting a new service in a retail setting which includes: purpose or goal of the service, schedule of when the service will be offered, legal requirements, personnel, space and supplies, marketing, estimated costs, and benefits of the service. A new vaccination program in a retail setting was chosen as the topic, and included a presentation to the "simulated manager" of the pharmacy (a.k.a. instructor of the course) and the rest of the class for discussion.

Participation

Some SPA laboratory topics are not amenable to student assessments. In these cases, students were given participation points for the activities completed. Examples of these exercises include exhibiting correct vaccination technique and participation in an EKG interpretation exercise.

Simulated Patient Encounter/Student task list

The majority of student assessment is done using the simulated patient encounter. A simulated encounter consists of a

Table II. Assessment of student performance

Activity	Assessed	Percent contribution to grade	Points per activity	Average points ± SD
Quiz	Individual	35	10	6.9 ± 1.7
Simulated Patient	Individual	43	20	16.6 ± 2.8
Documentation	Group	7	10	10
Business Plan	Group	7	10	10
Participation	Individual	8	5	5

Table III. Student assessment of course[a]

Survey item	Mean[b]
1. The resources used in this course contributed to my learning.	3.3
2. Integrated teaching was effectively used in this course.	3.5
3. I understood the subject matter of this course.	4.2
4. The content of the laboratory was a worthwhile part of this course.	3.6
5. Exams/Assignments accurately assessed what was taught in this course.	3.3
6. Complexity and length of course assignments were reasonable.	3.4
7. Methods of evaluation were fair.	3.1
8. Feedback on evaluations was valuable.	3.1
9. Graded assignments and examinations were returned in a timely fashion.	2.9
10. Workshop on smoking cessation was valuable to my future practice.	4.1
11. Workshop on vaccinations was valuable to my future practice.	4.5
12. Workshop on clinical program development was valuable to my future practice.	3.6
13. Workshop on respiratory care was valuable to my future practice.	3.6
14. Workshop on ECG interpretation was valuable to my future practice.	3.4
15. Workshop on documentation was valuable to my future practice.	3.8

[a]N = 40 respondents for each item.

[b]1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree.

written script for the patient that includes the scenario and planned responses to student questions (Appendices B, C and D). The simulated patients are required to attend a training session prior to the encounter to assist them in performing the patient role. The students receive a student task list just prior to the start of the encounter (Appendices E and F). The student task list introduces the situation to be resolved and serves as the documentation component for the encounter. Each encounter is videotaped for assessment purposes. The assessment of the encounter combines three components: (*i*) faculty watch the video to assess the students communication skills and physical assessment skills if applicable (Appendix G); (*ii*) faculty check the task list or progress note to evaluate the ability of the student to process the information gathered during the encounter into a clinical plan; (*iii*) simulated patients/prescribers gives feedback about the flow of the encounter and the overall student performance (Appendix H).

STUDENT ASSESSMENT OF COURSE

Two mechanisms are used to perform the student assessment of the course. An in-class evaluation, "The Muddiest Point," is used to provide opportune improvement in the SPA laboratory. It uses a one-minute paper to address the most confusing point of the previous activity. At the end of each semester, the students complete a survey to evaluate the course and each instructor. Students are asked the value of each workshop to their future practice (Table III). Evaluations such as this will be done in the future by former students to see if their rankings change once they have an increased awareness of practice.

The one-minute-paper and verbal informal feedback revealed that students were frustrated with the medication quizzes. The students felt that the quizzes covered too many medications and that the faculty lacked consistency in writing and grading the quizzes. Due to this fact, the faculty selected one person to write and grade the quizzes and to limit the amount of information on each quiz.

CONCLUSIONS AND FUTURE DIRECTION

The Standardized Patient Assessment laboratory is innovative for three reasons. First, the course trains the student in the process of implementing and maintaining a successful disease state management program. Second, it builds on an education focused on therapeutics and problem solving by integrating pharmacy knowledge with patient assessment, management issues, documentation, and compensation strategies. Third, the simulated encounter gives students practical experience in combining their pharmaceutical knowledge in a practice-based experience.

The greatest limitation of the Standardized Patient Assessment laboratory is faculty time commitment for evaluation. In future semesters the assessment of students' performance on a videotaped encounter will be streamlined to emphasize communication skills and speed grading. In the setting of the class, our grading will focus on patient assessment, communication, and professionalism. In addition, two simulated patient encounters will be self-assessed by the student. The student will be responsible for noting the successful components of the encounter and the areas for improvement. In order to evaluate the success of the course, a survey will be sent to our fourth year experiential preceptors as students complete their first three rotations. The survey will evaluate the ability to locate information in a patient chart, make clinical decisions, and readiness to communicate with patients and health care providers (Table IV).

Table IV. Clinical preceptors assessment of clinical ability of students

Survey item	Mean[b] Inpatient	Outpatient
1. Initiative to approach a patient or other healthcare professional for counseling or consultation.	7.7	7.6
2. Initiative in performing physical assessments such as blood pressure.	7	7.2
3. Ability to perform patient assessments such as blood pressure.	8.25	7.8
4. Efficiency in gathering information from a patient chart.	7.8	7.8
5. Compliance in professional appearance.	9	8.7
6. Appropriateness of professional behaviors.	8.9	8.6
7. Success with documentation skills, such as SOAP notes, consult letters, billing, or intervention documentation.	7.7	7.8.
8. Rate the relevance of the following disease state management programs to your current practice:		
Smoking Cessation	1.8	3.6
Vaccination technique	1.8	1.4
Asthma/ COPD	3.0	3.1
Clinical Program Development	2.8	2.4

[a]N = 8 respondents for each item.
[b1] = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree.

References

(1) Ytterberg, S.R. Harris, I.B., *et al.,* "Cognition, confidence, and clinical skills," Acad. *Med.,* **73**(10), S103-105(1998).
(2) Duerson, M.C., Romrell. L.J. and Stevens, C.B., "Impacting faculty teaching and student performance: Nine year's Experience with the objective structured clinical examination," *Teach. Learn. Med.,* **12**(4), 176-182(2000).
(3) Chisholm, M.A., Spruill, W.J., *et al.,* "Implementation and evaluation of a disease management course in a new curriculum," *Am. J. Pharm. Educ.*, **63,** 315-322(1999).
(4) Wutoh, A.K., Njoku, O., *et al.,* "A student-based introduction to disease state management in pharmacy Practice," *JAPhA,* **40,** 831-833(2000).

APPENDIX A. COURSE CONTENT

SPA Lab I

- Vaccine Programs
  Skill: Vaccine administration
  Didactic: Vaccine pharmacology, administrative, regulatory and legal issues, developing a program, review components of a clinical service proposal
  Activity: Administer saline vaccines, write and present a clinical service proposal
- Blood Pressure
  Skill: Blood pressure monitoring
  Didactic: Disease state review, targeted history taking for hypotension and other common side effects, adherence issues
  Activity: Practice monitoring, graded simulated patient encounters
- Smoking Cessation
  Skill: Communication skills for history taking, determination of stage-of-change
  Didactic: Disease state review, targeted history, behavioral and pharmacological treatments
  Activity: Various simulated cases, graded simulated patient encounter
- Asthma
  Skill: Peak flow meter and inhaler technique
  Didactic: Disease state review, targeted history, calculations of personal best and zones, discussion of who should receive and use a peak flow meter
  Activity: Peak flow meter and inhaler technique teaching, practice calculating personal best and zones, graded simulated patient encounter with peak flow
- Congestive Heart Failure
  Skill: Pedal edema, finding information and reading an inpatient chart, SOAP note writing
  Didactic: Echocardiogram and chest x-ray report reading with examples of what is seen by the radiologist, targeted history taking, multiple examples of SOAP note documentation reviewed
  Activity: Simulated inpatient chart CHF exacerbation, graded task of finding specific information within simulated chart, history taking as a large group, documentation exercise in small groups

SPA Lab II

- Reimbursement
  Skill: Fill out HCFA 1500 form
  Didactic: Reimbursement strategies for different practice settings, legal requirements, and documentation in support of reimbursement
  Activity: Fill out HCFA 1500 form
- Diabetes
  Skill: Foot exam, retinal exam
  Didactic: Disease state review; targeted history taking; skin, eye, and foot care counseling
  Activity: Foot exam, retinal exam, graded encounter with physician assistant on diabetes case
- Consult note
  Skill: Organized, concise, professional consult note
  Didactic: Examples of situations appropriate for written consult documentation, various samples of consult notes to show individuality and broad range of documentation style along with faculty assessment of strengths and areas for improvement for each note
  Activity: Workshop to create a group constructed consult note around a given case, graded homework of consult note written by each student
- Medication errors and Medwatch reporting
  Skill: Fill out Medwatch reporting form
  Didactic: Targeted history taking, systems approach to assessment of medication misadventures, root cause analysis
  Activity: Complete an adverse drug reaction form, graded simulated patient encounters
- Neurologic examinations
  Skill: Mini-Mental Status exam, assessment of involuntary movements exam, pain scales, deep tendon reflexes, two-point differentiation
  Didactic: Disease state review of dementia and psychosis, purpose of each exam and how often to monitor
  Activity: Video simulated patient evaluation using DISCUS assessment

APPENDIX B. SIMULATED PRESCRIBER INFORMATION SHEET FOR VIDEO ENCOUNTER

Your name is Robert(a) Albert, so your friends just call you Bert. You are a Physicians Assistant in your first year of practice. You have a patient who is relatively new to you with a complex past medical history. In this simulation you will be seeking the advice of the pharmacist.

Your patient is Heavy Heart, a 67 year-old male CHF patient with type 2 diabetes. He has been well controlled on metoprolol 12.5 mg PO bid and glyburide 5 mg SIG: ii PO bid, and metformin 500 mg PO bid. He also has a long list of other medications he is using.

His most recent HbA1c was 7.8, which is the best it has been in the past 5 years. A pharmacist called and left a message yesterday that the metformin may not be appropriate for this patient. This message was very upsetting to you because you had tried so hard to reach the therapeutic goals for this patient, and had decided that an increase to metformin 500 mg PO TID would be enough to bring his HbA1c below 7.5.

His recent labs were as follows:
1/29/01 @ 08:45 source: venous blood

Na 139 mEq/L	Total chol 238 mg/dL
K 5.3 mEq/L	LDL 168 mg/d/l
C1 102 mEq/L	HDL 36 mg/dL
CO2 22 mEq/L	Trig 210 mg/dL
BUN 23 mg/dL	
SCr 1.6 mg/dL	HbAlc 7.8%
Glu 121 mg/dL	

Your question for the pharmacist is why should you consider a switch to another diabetes drug when you have not yet maximized the dose of metformin? Your mood is not improved by the fact that once you arrive at the pharmacy area, you are told that the pharmacist who called you is on vacation for a week. If the clinic would just give you your phone messages rather than collecting them until the very end of the day, you could have taken care of this yesterday.

You have already determined that working for a HMO was a mistake. You are constantly getting e-mail and phone messages about patients you have not yet seen in clinic, or patients recently discharged from the hospital asking you to make therapeutic decisions without the appropriate information. You feel this place is suffering from believing it is offering integrated care without being able to do so.

The pharmacy is a 10-minute walk from your clinic, and you have a patient visit scheduled in 20 minutes. You had hoped to get a little exercise and an answer all in one trip.

Your supervising physician is so far behind in her patient visits that she will not talk with you until 5:30 this evening. She is very impatient during these conversations, and you feel you must already have the answers before you meet with her.

APPENDIX C. SIMULATED PATIENT INFORMATION FOR VIDEO EVALUATION OF SMOKING CESSATION

October 25th: Patient was seen by Dr. Fitzgerald and diagnosed with hypertension (high blood pressure). The BP on this day was 152/100. Patient was started on Hydrochlorothiazide (water pill) 12.5 mg once daily. Dr. Fitzgerald referred them to the pharmacist for a blood pressure check and smoking cessation counseling. The appointment is set for 11/8/00.

November 8th: Student is to check the patient's blood pressure. Student is to make sure patient is not having any side effects from hydrochlorothiazide. Student is to counsel the patient on how to quit smoking. Student will help choose a product to use and set a quit date.

Patient information on hydrochlorothiazide:
Patient does not have any side effects from hydrochlorothiazide. The patient can't tell the difference since starting the medication. Is it working?

Patient information on smoking habits:
- Patient has been smoking 1 pack of cigarettes daily for 10 years.
- Patient is motivated to quit because of:
  - Either children or grandchildren whichever you have
  - Health—has shortness of breath when active and frequent colds and bronchitis (infections in the lungs)
- Afraid to quit because:
  - Will gain weight
  - Nicotine withdrawal (agitation, shakes, nervousness)
- After student describes all options to quit—
  - You want to use the Nicotine patch because you don't like pills and you don't want to mess with your brain by taking pills.
- You want to quit on November 16th which is the Great American Smoke-Out

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APPENDIX D. SIMULATED PRESCRIBER STUDENT TASK LIST

You are the pharmacist in charge of the Dunn Permanente Health Maintenance Pharmacy. You will be supervising 2 technicians and will have a pharmacist come relieve you for lunch at some point during the day. Your answering machine is full of refill requests, which the technicians are working on now.

You were left the note below from the pharmacist in charge yesterday, to let you know of any issues she had still unresolved by the end of the day.

Pharmacy notes from 2/1/01 for the pharmacist in charge on 2/2/01
Pharmacist in charge: Anne Caffee

Still to be followed up:
1. Dr. Teichman prescribed lovastatin for Mrs. S. Geletcko. She has been stable on warfarin and the next INR is scheduled for March. She may need sooner testing since starting lovastatin. Sent e-mail.
2. Nurse White in women's health needs to know that Mrs. R. Posey needs new Rx for Estratest HS. Phone message left.
3. PA Albert needs to know that lab tests for MR. H. Heart shows metformin should be changed. (SCr 1.6, BUN 23 on 1/29/01; SCr 1.2 BUN 19 on 9/8/00). Phone message left.
4. Dr. Singh needs to know that Ms. Zimmerman has not picked up a refill of fluoxetine and reports on telephone follow-up that she was not able to sleep while using the medication. E-mail sent.
5. Maintenance has been notified of counseling rooms needing to be cleaned. Phone message left.

APPENDIX E. SMOKING CESSATION SIMULATED ENCOUNTER STUDENT TASK LIST

Student Task List
11/8/00

Hypertension
Assess the patient's blood pressure:
Smoking Cessation
Patient smokes_____cigarettes/day for_____years.
Motivators for quitting:
Barriers to quitting:
Smoking cessation aide to use (and dosage):
Patient quit date:

APPENDIX G. SIMULATED PRESCRIBER EVALUATION OF PHARMACY STUDENT

You will be asked to evaluate the pharmacist on the following list:

1. Put you at ease. YES NO
2. Let you know that you would get the answer to your question. YES NO
3. Maintained a professional demeanor. YES NO
4. Explained time spent looking through resources. YES NO
5. Reassurance that you are right in your choice for this patient. YES NO

APPENDIX F. FACULTY EVALUATION FORM FOR SIMULATED PATIENT ENCOUNTER[a]

After reviewing the videotape, indicate your rating of the participant's performance by circling the appropriate number. For each item, rate the participant from 0 to 10. Be sure to circle a number for each item.

		Not done		**Poor**		**Unsatisfactory**			**Satisfactory**		**Excellent**	
1.	Conducts appropriate introduction by identifying self and the prescriber.	0	1	2	3	4	5	6	7	8	9	10
2.	Determines the purpose of the consultation.	0	1	2	3	4	5	6	7	8	9	10
3.	Assess the prescriber's understanding of the reasons for the recommendation.	0	1	2	3	4	5	6	7	8	9	10
4.	Responds with understanding/empathetic responses.	0	1	2	3	4	5	6	7	8	9	10
5.	Uses language the prescriber is likely to understand.	0	1	2	3	4	5	6	7	8	9	10
6.	Displays effective nonverbal behaviors (eye contact, body language, gestures).	0	1	2	3	4	5	6	7	8	9	10
7.	Maintains control and direction of the consultation session.	0	1	2	3	4	5	6	7	8	9	10
8.	Uses open-ended questions.	0	1	2	3	4	5	6	7	8	9	10
9.	Presents facts and concepts in a logical order.	0	1	2	3	4	5	6	7	8	9	10
10.	Provides accurate information.	0	1	2	3	4	5	6	7	8	9	10
11.	Summarizes by emphasizing key points.	0	1	2	3	4	5	6	7	8	9	10

a Adapted from the American Pharmaceutical Association's Patient Counseling Evaluation Form.