



University at Buffalo

Department of Pharmacy Practice

School of Pharmacy and Pharmaceutical Sciences



general  
physician  
pc

## APPE Rotation: Outpatient Care 2024-2025

**Site:** General Physician, PC  
<https://gpponline.com>

Office location will vary depending on your rotation calendar.

**Preceptors:**

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**Prior to this rotation, students should:**

1. Be able to explain the pathophysiology of and associated pharmacotherapy and monitoring for conditions including, but not limited to:
  - a. Diabetes Mellitus (Type 1 and 2)
  - b. Hypertension
  - c. Chronic Heart Failure
  - d. Dyslipidemia
  - e. Osteoporosis
2. Review the guidelines for management of each of the conditions listed above.

3. Review the attached workflow document to gain a basic understanding of the tasks you will be expected to participate in during this rotation.

### **Rotation Goals and Objectives:**

By the time you finish this rotation, you should be able to:

1. Formulate a response to patient-specific drug information triages from providers.
2. Participate in patient follow-up and transitions of care consults
  - a. COLLECT data - complete pre-appointment work-up using the electronic medical record (Medent).
  - b. ASSESS patient's regimen based on information collected from Medent and via patient interview.
  - c. Create a PLAN of care.
  - d. Participate in face-to-face or telephone patient appointments, including medication review and patient education and counseling (disease state, prescription, OTC, devices, monitoring).
  - e. DOCUMENT the encounter, assessment, and plan in a pharmacy consult note in Medent.
  - f. IMPLEMENT the plan following provider approval by communicating all necessary information to the patient and/or caregiver.
  - g. MONITOR/FOLLOW-UP with the patient to determine status and impact of interventions; repeat as necessary.
3. Participate in quality initiatives at GPPC, including work in Outcomes MTM®, patient chart review, outreach, and counseling.

### **Orientation:**

- I. Site orientation
  - A. Clinical Pharmacy Services (See workflow document)
  - B. Review of IT access/access to appropriate platforms
  - C. Tour of facility
  - D. Parking
  - E. Lunch/Breaks
  - F. Discussion/Rotation objectives/Projects
    - Student goals (short-term, long-term)
- II. Professionalism and Communication
  - A. Dress code/name badges/lab coats
  - B. Punctuality – Hours will generally be 8am-5pm, depending on your location and patient schedule, and arriving early or staying late may be required as dictated by patient care activities.
  - C. Contact with preceptors
  - D. Absences
  - E. Expectations
  - F. Rotation calendar

**Our first priority is patient care, so completion of assignments WILL require time outside of the designated rotation hours. The preceptor reserves the right to select assignments chosen specifically to capitalize on the strengths of a student or to enhance knowledge/skills that have room for improvement. Inability to turn in assignments by their designated deadline will be reflected in professionalism evaluation.**

## **Clinical Pharmacy Services Student Job Description and Workflow**

Services provided:

1. Response to patient-specific triages – Via the EHR, providers send triages to the pharmacy team for answers to medication-related problems. These problems can range from drug-drug interactions, to side effects, to insurance issues, to selecting a therapy. Patients can also send questions/information directly through the patient portal, which we will see as a triage.

Student role: Preceptors will select triages appropriate to assign to students. Issues should be thoroughly researched using primary literature, clinical guidelines, and/or drug references as appropriate, and responses should be drafted and approved by a preceptor before typing the response into the EHR. Once the approved response is typed into the EHR, triage the response to your preceptor, who will route the triage to the appropriate provider. The triage passing through the preceptor demonstrates to the provider that a preceptor has reviewed and approved the student's work.

2. Chronic care management – Pharmacists are frequently referred patients with uncontrolled diabetes or other chronic conditions. We usually start with an in-person office appointment, but first appointments can be telehealth if the patient cannot travel to the office. Following appointments, a pharmacist consult is written in the EHR and the plan is triaged to the patient's primary care provider (or midlevel practitioner responsible for the patient's care).

Student role: Students are expected to work up and be prepared to present patients assigned to them (provide a verbal case presentation). The typical flow of a new appointment is:

- Medication reconciliation
- Disease state education (pathophysiology, complications, treatment goals)
- Medication and adherence counseling
- Monitoring and follow-up

Following the appointment, the student will be tasked with drafting the pharmacist consult (*Consult New DM, Consult New*). This should include information garnered during the appointment followed by a detailed assessment and numbered plan. Unless multiple disease states were covered in depth during the appointment, you may write only one comprehensive assessment and plan. For diabetes patients, an EHR consult template is available and should include:

- The patient's current therapy and BG control
- A1C and BG goals
- Assessment of current regimen (i.e. are they on a recommended regimen? Is their regimen effective? Is their regimen causing side effects? Potential side effects or drug interactions?)
- Review of other therapeutic options

- Rationale for any recommendations you will be presenting in your plan

Plan:

- The plan should be numbered and should include specific recommendations.
- Any recommendation for a medication change should be phrased as “Please consider...” (Example: “Please consider initiating Trulicity 0.75mg SQ once weekly.”) and should include a BRIEF rationale if needed (in the event the provider does not read the assessment).
- Changes in insulin therapy should be phrased as “Recommend...” (Example: “Recommend increasing Lantus from 10 units to 12 units SQ every evening.”).
- Plans should also include monitoring (Example: “Patient will continue to test BG twice daily.”) and follow-up (Example: “GPPC pharmacy will follow-up to review SMBG in 2 weeks.”).
- Once complete, the student should endorse the document with:  
Joe Smith, UB SPPS PharmD Candidate  
Class of 2025
- The student may also sign, though any edits needed will undo the signature.

Route the document to the appropriate preceptor for review. Once the preceptor deems it appropriate, they will sign and create a triage and send your plan to the provider for review.

3. Telephone appointments – Following initial in-person appointments, pharmacists may follow up with patients telephonically, most frequently for BG monitoring. Pharmacists contact the patient and obtain home blood glucose readings (BG, or may review CGM data prior the call if the patient is linked with our practice) and subsequently, provide recommendations to the patient and/or the provider. Insulin adjustments may be made over the phone and provider approval obtained retroactively. All other medication adjustments must be first approved by the provider and the patient notified afterwards.

Student role: Follow-ups will generally be assigned by a preceptor on a daily basis. Later in the rotation, students are likely to be familiar enough with the patients so as to proactively begin work on follow-ups (just let the preceptor know what you are doing). For the first several weeks of the rotation, students will work up the patient and present to the preceptor prior to calling the patient. Early on, the preceptor may request that the student conduct the call on speaker phone so that they can follow the conversation and intervene if necessary. Once the information is collected from the patient, the student should put the patient on hold or let them know they will discuss with the pharmacist and call them back shortly. The student should present their assessment and plan to the pharmacist and then speak to the patient to implement the approved/agreed upon plan. All follow-up requires a pharmacy consult note (*Consult Pharm Est Pt*). Please see #2 above (Chronic Care Management) for details regarding the contents of a consult note and procedure for pharmacist review.

4. Quality initiatives – Pharmacists routinely engage in medication-related initiatives to improve clinical quality markers and/or enhance reimbursement from third party payers. This process typically involves reviewing spreadsheets of patients who fit specific criteria and either reaching out to them via telephone, sending a recommendation to the provider via triage, or both. It also includes completing comprehensive medication reviews (CMRs) and targeted interventions (TIPS) in Outcomes MTM®.

Student role: Students will be directed by their preceptor in terms of when time will be spent working on quality initiatives. Generally, each initiative will have a triage or patient call template that will be followed by the student. Work in Outcomes MTM may be precepted remotely once the student demonstrates the ability to work through TIPS and perform patient outreach. In general, CMRs should only be scheduled when the student will have a preceptor with them onsite.

Note: A detailed description of the quality initiatives is included on the GPPC OneNote document.

5. Provider education – As the medication experts, pharmacists routinely provide information to providers in writing in the form of brief updates, algorithms, or newsletters that can serve as quick references for the providers.

Student role: Students will be asked to research drug information, provide presentations, or create drug information documents/references. All presentations and documents created should be created with the audience (providers) in mind and should be comprehensive with references provided.