PHARMACY PRACTICE
Strategic Planning Department Meeting
March 16, 2012 12:00 – 1:00 PM

Presentation
• Staff
  o 3 tenured and tenure track
  o 1 non-tenure track
  o 22 FTE Patient Care contracts
  o Have faculty all over the State

Is residency new for them?
• SDSU-based residency is new
• Residencies aren’t new
• Hasn’t been formalized
  o “The Milbank”
• Things happen in big medical centers
  o slower to occur in the communities
• Biggest hurdle
  o Finding resources to do this
  o Need to find long-term sustainable financial model

Land Grant Mission is very clear
• Work with underserved populations
• Recruiting
  o Prefer not to wait to junior and senior years
  o Focus on Junior High for recruitment of American Indian populations
    ▪ Work with St. Joe’s
  o Want students to participate in higher education and of course pharmacy
  o Do Native American Health Camp and with Success Academy
  o Targeting Junior High
    ▪ Don’t see results for 6+ years
  o Test scores may not be comparable
    ▪ Looking at ways of doing things differently
  o Could be a model for other departments
  o Are curricular changes tied to licensure exam?
    ▪ Some of it is
    ▪ Other influences as well

Outcomes based research is great. How are you feeling about the changing standards?
• Tenure-track faculty have 40% research assignments
• Other faculty have 10%
  o One is doing research with a Hutterite group
• Every resident is required to do research project during their year

Where are primary grant options for Pharmacy Practice?
• Bit of a struggle
• Had some help in the past from earmarks
• There are some organizations and foundations

What about contracts from the pharmacy industry?
• Are opportunities
• It is a small crew
• Maybe need to think about our model and how we are organized

Curriculum on personalized medicine
• Where do you think Pharmacogenomics graduates could end up?
  o There are places looking for them
  o Maybe we think about providing fellowship training as well
• Could we grow Bayer
  o Crop Sciences are already working with them
  o Maybe we can discuss pharmacogenomics with them

Get bigger to provide more opportunities
• Need more resources
• More FTEs
• Compare to rest of nation we’re pretty small
• Have people
• FTE number is smaller because of clinical responsibilities

Other
• Second Life
  o Should we keep the island
  o Would like to study it in comparison with video conferencing
  o Would guess video conferencing will be better option
• Should we move to gaming environment
• South Dakota serve
  o President wants to move to a safety and security culture
  o Perhaps students could be involved

Heighten awareness and preparedness
Department of Pharmacy Practice
Mission:

- The mission of the Department of Pharmacy Practice is to educate students in the various aspects of pharmacy practice, utilizing the principles of patient focused care, problem-based learning, and critical thinking.

- Implicit in all Departmental activities is concordance with the College of Pharmacy mission to prepare pharmacy graduates capable of providing high quality patient-centered and population-based pharmacist care to the people of South Dakota, the region, the nation and the world. The Department will also strive to assist the College of Pharmacy in achieving the strategic goals of the college, as appropriate.
Description of the Department of Pharmacy Practice

- 26 faculty (not including administrators)
- 2 career service staff
- Faculty appointments:
  - Tenured or Tenure-track
  - Non-tenure track in pharmacy practice
  - Non-tenure track with patient care contracts
    - Assigned Professional Service (up to 50%)
  - Faculty administrators
  - Adjunct faculty (paid and non-paid)

Locations of Pharmacy Practice Faculty
Major Areas of Current and Future Focus

- Curriculum-related Issues
- Experiential Programming
- Post-graduate Residency Training
- Applied Clinical Research
- Collaborative Research Efforts
- Inter-professional Education

Curriculum: Current Activities

- Current curriculum implemented in Fall 2007

- Review and revisions to curriculum began in Spring 2011 based on surveys and exam results
  - Pharmacy Practice sequence
    - Blocking of topics; Enhanced emphasis in specific areas of weakness
  - Pharmacotherapeutics sequence
    - Blocking of topics; Topic re-assignment within the sequence
  - Patient Assessment and Self Care sequence
    - Split into two courses – PASC and PHW
Curriculum: Future Prospects

• Personalized Medicine Professional Track
  – Generalist PharmD degree with pharmacogenomic emphasis
  – Requirements
    • General genomics course (Pre-pharmacy)
    • Pharmacogenomics course (P2 year)
    • Pharmacogenomics elective course (P3 year)
    • Pharmacogenomics elective rotations (P4 year)
• Other professional tracks may be possible

Experiential Education

• Introductory Pharmacy Practice Experiences
  – IPPE I - Community based
  – IPPE II – Hospital based
  – Imbedded in the Pharmacy Practice Sequence
• Advanced Pharmacy Practice Experiences
  – Required (4): Hospital, Community, Ambulatory Care, Internal Medicine
  – Assigned (2): Critical Care, Infectious Disease, Community Health & Patient Monitoring, Pediatrics, Geriatrics, Internal Medicine II, Psychiatry
  – Elective (2): Home Health/Hospice, Indian Health Services, Pharmacy Administration, Clinical Research, Surgery, Nephrology, Pharmacokinetics, Oncology, Nuclear Pharmacy, Managed Care International Pharmacy Practice
Post-Graduate Opportunities

• Post-graduate year 1 residency (PGY-1)
  – New Community Pharmacy Residency – July 2012
  – Faculty serving as preceptors for PGY-1 programs and PGY-2 programs at affiliated sites

• Teaching certificate
  – Providing lectures, pharmacy practice lab activities, writing objectives, writing exam questions, using grading rubrics, preparing lectures/slides, serving as a small group facilitator, providing instruction to IPPE and APPE students
  – Appointment as a clinical instructor

Outcomes-based research

• Social and administrative pharmacy faculty
• Meet the needs of rural and underserved populations
  – Health promotion model for underserved patients with diabetes
  – Prescription warning labels and minority populations
• Patient centered outcomes
  – Geographic differences and quality of life in patients with breast cancer
  – Consumer perceptions of community pharmacy quality measures
  – Medication adherence and patient beliefs
Outcomes-based research

• More interprofessional approach to outcomes research
  – Partner with Flandreau Santee Tribal Wellness Center
  – Use of mobile technology to modify patient beliefs and impact adherence
  – Improving health literacy in underserved populations
  – Impact of public health services on health outcomes using pharmacoeconomic analyses

• Collaboration with pharmacy practice residency sites

Interprofessional Education

• World Health Organization states that “interprofessional education (IPE) occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”

• Goal: health care professionals, working together, provide safe and effective patient-centered and/or community/population based care.

• Accreditation Council for Pharmacy Education, 2011: didactic and experiential IPE
Current Experiential IPE Activities

P-4 students
  • Advanced Pharmacy Practice Experiences
  • Diabetes research project for underserved patients

P-3 students
  • Disaster Preparedness Training
    – SERV SD: Statewide Emergency Registry of Volunteers program
  • Interprofessional Training Workshop
    – Identify a patient’s primary problems as an interprofessional team with faculty role playing a real life patient situation

P-2 Students
  • Virtual World Second-Life

Future Experiential and Didactic IPE Activities

P2 and P1 Students
  • College of Pharmacy and Nursing
  • Simulation Models
    – Patient scenarios
  • Communication Activity
    – limited English proficiency, hearing impairment, vision impairment

Exploring the role of didactic teaching
Looking Forward (Next 5 Years)

- Professional Tracks (within Pharm.D. degree)
  - Expansion of tracks available
  - Requires additional expertise in areas offered
    - New faculty/Adjunct appointments
- Post-Graduate Residency Training
  - Growth of current program with new partners/locations
  - Rural Health Initiatives
  - Involvement in PSPC (Patient Safety and Clinical Pharmacy Services Collaborative)
  - ACOs (Accountable Care Organizations)

Looking Forward (Next 5 Years)

- Outcomes-based Research Initiatives
  - Engagement with residency training sites
    - Existing healthcare systems programs (6 sites)
    - Community residency sites (Rural healthcare)
- Interprofessional Education
  - Expansion of activities
  - Simulation:
    - Purchase of additional equipment for interprofessional simulation activities
    - Establish partnerships with existing simulation centers
Discussion