# University of Washington Presentation

Start Time: 7:11 pm End Time: 7:58pm

Practice Transformation Accelerating Change

Form Strategic Vision

- Demonstrates expertise
- Thinks critically
- Strong decision making skills
- Works collaboratively
- Demonstrates leadership
- Adapts and thrives
- Communicates well

Designing the Curriculum

- workshops involving faculty, staff, and students (as well as pharmacists from practice) to design a framework
- Guiding principles for curriculum development:
  - $\circ$  Grounded in real life practice (early and expanded EE)
  - $\circ$  Sequenced content and intentional coordination (integration)
  - Careful choice of learning strategies (active learning)
  - $\circ$  Instruction with other health professions when possible (IPE)
  - Meaningful opportunities to develop practice leadership

## Curriculum Framework

- Students will learn diagnosis
- Pharmacists in washington can prescribe medications within their expertise
- Integrated core
  - Icarn how does drug work, how does it get in and out of body
  - $\circ$  in practice, how to make sure the best one is chosen
- getting practice exposures every wednesday (no class, go to clinics instead except for the first few weeks of year 1)
- 48 weeks of clinical practice time instead of 36 weeks
- PY1 Autumn and Winter: Fundamentals with introductory practice
- PY1 Spring to PY3 Winter: Integrated core with intermediate practice
  - Elective courses
  - $^{
    m O}$  Discovery Seminars
  - Longitudinal Projects
- PY3 Spring to PY4 Spring: Advanced Pharmacy Practice Experiences
- $\circ$  8 six week rotations

## **Disruptors For Change**

- 2022: Pandemic negatives
  - Transition fro staff surplus to shortage
  - $\circ$  Stress exacerbated an already delicate climate
  - Accelerated enrollment trends in higher ed
- 2020: WA Attorney General Opinion
  - $\circ$  Collaborative drug therapy may involve diagnosis
  - $\circ$  MD/PA can have CDTA where pharmacist diagnoses
  - $\circ$  CDTA does not require direct contact with MD/PA
  - Pharmacist who diagnoses is not unlicensed practice
    - ex. Can change or adjust any medications for a patient within your specialty

#### Interpersonal Communication

- Studying with nursing and medical students to increase communication
- Many deaths within the health care are due to medications error because of miscommunication
- Third year students learn how to do some diagnosis

How do we improve diagnosis?

- every healthcare profession contributes to diagnosis
- $\circ$  some elements: accurate history taking, patient assessment, and clinical reasoning • Make education on diagnosis explicit, comprehensive focus
- Classroom and apprenticeship learning
- Improve clinical reasoning skills in schools of medicine as well as other health professions

Pharmacy's Identity Crisis

- Prescriptive pharmacist makes the decision independently
- · Consultative pharmacist is involved and makes suggestions
- · Corrective pharmacists intervenes with decision to point out error
- Submissive pharmacist has no input into the decision other than clarify information (most prevalent)
- Prescriptive and consultative are providers (decision maker)
- · Corrective and submissive are recommenders

#### **Pharmacists Make Decisions**

- ullet Intensional design and offering of a developmental curriculum that not only teaches teamwork skills but also
  - empowers learned to be shared decision makers in ways that are inclusive, validating, and effective
- Students learn how to run a code on a fake person and communicate with others
- · Get people to talk about what they notice

## **Professional Identity Formation**

· Complex and transformational process of internalizing a profes

Most Common Identities in Pharmacy

- Provider (therapeutic decision maker)
  - residency
  - Certification
- Pharmaceutical Scientist (science and research)
  - PCCA Certificate
  - $\circ$  MS
  - $\circ$  PhD

# • Manager of operations/systems, safety, and quality (dispensing)

- O MHA
- MS Informatics
- CPhT
- CPhT-Adv
- Business innovator
  - O MBA
  - O NCPA
  - 0 Business Plan
  - $\circ$  POLA Certificate
- Patient and public health educator
  - O MPH
- Managed care and population health (HEOR) expert
  - Residency
  - Certificate
  - $\circ \, {\rm Fellowship} \,$
  - $\circ$  MS
  - 0 PhD

Cutting Edge Pharmacy in Washington

- Prescriptive authority of pharmacists (CDTAs)
- Pharmacist-provided immunization services
- Emergency contraception
- Tobacco cessation
- Sustainable business model for pharmacist providers
- HIV PrEP service in pharmacy
- Naloxone accessibility in pharmacy