

Hospital/Health System (HS) Pharmacy Essential Elements

While these elements describe what an entry-level pharmacist should be able to accomplish independently in the hospital practice environment, the purpose of this document is provide guidance to allow all graduates to be able to perform these elements upon licensure.

Dispensing System and Safety Management (D&S)	
Essential Element	Sample activity
Under the supervision of a licensed pharmacist and as permitted by state law the following elements should be completed...	
D&S 1. Accurately verify new medication orders.	<ul style="list-style-type: none"> For any given medication order, succinctly and accurately explain out loud all steps (e.g. legitimate prescription, appropriate dose, interactions, overlapping side effects, DUR) in the thought process needed for verification.
D&S 2. Ensure the accurate preparation of medication orders	<ul style="list-style-type: none"> Oversees the preparation of the order, product choice, delivery Given a medication order for a parenteral product, determine the correct compounding technique and related administration instructions Given a new or unfamiliar IV product for which there are no order sets or standard admixture, identify the correct mixing technique/compounding, choice of diluent(s), packaging, labelling, infusion rate, concentration (central line versus peripheral), compatibility, expiration dating, and any requirements for safe administration. Review non-formulary requirements and approval process for individual orders as they are presented. Follow the approval process for non-formulary medication orders, including what products are uniquely sourced, how a distributor is identified, and how to place an order for such a product Navigate drug selection based on formulary options
D&S 3. Respond appropriately to basic drug procurement issues using site protocol(s).	<ul style="list-style-type: none"> Appropriately respond to medication orders for which there are shortages.
The following competency is required for entry level practitioners and can be addressed via pre-APPE competencies or APPE competency activity based on program preference:	
D&S 4. Perform IV admixture	Test as an APPE readiness simulation—NOT as a uniform APPE activity <ul style="list-style-type: none"> Where applicable/available, based on state requirements

Practice Management (PM)	
Essential Element	Sample activity
Under the supervision of a licensed pharmacist and as permitted by state law the following elements should be completed...	
PM 1. Oversee the workflow of the dispensing process.	<ul style="list-style-type: none"> For a reasonable amount of time, manage the workflow of the dispensing process, including answering phone calls, delegating tasks, checking batched and compounded medications, and other administrative tasks commonly performed by pharmacists in the central fill setting. Using the idea of pilot: co-pilot (aka preceptor: student) example, a student oversees the workflow, as a pharmacist would be expected to do
PM 2. Participate in continuous quality improvement projects to assess and/or optimize the medication use process.	<ul style="list-style-type: none"> Participate in an exercise that measures, improves, or clarifies some aspect of pharmacy services quality or patient safety. Active engagement in formulary decision making activities (e.g., prepare monograph, prepare presentation, etc.)

Task Force Charge 1: Determine essential elements within health system APPE experiences, taking into consideration the difference between health system IPPEs and APPEs, clinical/patient focused models vs distribution/task focused models, and factors such as institution location and size. Consider differences/similarities in an acute care medicine APPE and a health system APPE.

Addressing Charge 1

- Began in fall 2017 by examining published articles (e.g., ACPE-professional society joint statements, NABP workforce survey) and experiential education resources (e.g., essential elements for community, ambulatory care, acute care) and comparing to the *ASHP 2010 Entry Level Competencies Needed for Pharmacy Practice in Hospital and Health Systems* to develop a comprehensive entry-level competency document. Outcome: **Determined that the difference between health system IPPEs and APPEs is that IPPEs may include observing, but APPEs should be about “doing.”**
- Conducted interviews with HS-pharmacists about what they do. Most HS pharmacists reported >50% of their work is patient care-related, regardless of institution location and size. When asked about ASHP 2010 Competencies should be “doing” versus “observing” activities in the experiential education environment, respondents indicated **< 50% of the HS core APPE tasks should have a distribution/task focus and ≥ 50% of the core HS APPE model should have a clinical/patient care focus.** The task force recognized that **many of the patient care activities done on a HS core APPE have already been identified in the acute care core APPE, so concentrated on additional “doing” elements unique to the HS practice environment that would be skills needed by entry-level HS pharmacists.**
- These efforts informed **development of 5 Essential Elements** needed for entry-level HS practice **in addition to the patient care skills already outlined in the Acute Care Essential Elements.** A sixth Essential Element (IV admixture) was identified but recognized as a task that could not be done by students in most HS settings.
- **The HS Essential Element details the entry-level pharmacist activities that can be tailored by a program to meet the needs of local and national practice environments.**

Task Force Charge 2: Gain consensus from the Section around the essential elements of the health system APPE.

Addressing Charge 2

- Surveyed EE Directors (1/institution) in May/June 2019. Obtained 123 responses for an 88% response rate.
- 90% of respondents felt that the HS core APPE should involve 75-100% “doing” versus “observing”.
- Initial impressions of the 5 competency statements were (~80%) “just right” or no suggested change.
- Suggested modifications or amendments included
 - Concerns about the verbs “verify” in D&S 1 (~10% respondents) and “oversee” in PM 1 (~20% of respondents). A few thought some Elements could be merged or completed via IPPE.
 - Qualifications to statements were voiced by up to 10% of respondents. These are already incorporated into the Essential Element wording as presented.
 - When asked about inclusion of IV admixture into this core APPE, 32% of respondents said “yes,” many of these noting that students practice is not feasible in the HS practice setting given current and upcoming regulations. This was also noted by many of the ~50% of respondents saying “no.”
- Respondents named missing elements of patient care, drug information, and interprofessional activities. We recommend programs refer to the Acute Care core Essential Elements for guidance on direct patient care activities to add to the HS core APPE. **Inclusion of patient care essential elements in the HS core APPE should complement and not replace the acute care core experience.**