

AMBULATORY PATIENT CARE COMPETENCIES

*The following competencies reflect what most students should be able to complete on an Ambulatory Patient Care Experience**

Competency	Examples
Demonstrate appropriate depth and breadth of pharmacotherapeutics and disease-related knowledge for common conditions in the ambulatory care clinic population.	Participate and/or lead topic discussions.
	Apply the PPCP to every patient assigned by preceptor, essentially independently, and present to preceptor
Optimize patient-specific outcomes for ambulatory care patients using the Pharmacist-provided Patient Care Process (PPCP), in collaboration with other healthcare providers	Perform a patient history and systematically collect information sufficient to identify drug related problems and to support decisions regarding drug therapy.
	Perform, obtain and interpret physical assessments needed for managing medication therapy.
	Assess collected information to evaluate/identify drug related problems.
	Make decisions about a care plan for treatment; prevention; and wellness to optimize patient outcomes that includes, but not limited to, strategies that overcome patient-specific barriers to care.
	Implement a care plan in collaboration with health care team and patient that includes monitoring and continuity of care, and considerations for triage, patient referral, and follow-up.
	Monitor and evaluate care plan, make needed adjustments.
Actively contribute as a member of an interprofessional healthcare team.	Independently communicate medication therapy recommendations to members of the healthcare team
	Share accountability for patient care decisions with the team
	Demonstrate effective teamwork/collaboration skills
	Present patient cases to other members of the team
Apply evidence-based medicine practices to demonstrate knowledge of information applicable to ambulatory care practice.	Retrieve, interpret, and apply biomedical literature applicable to the patients seen on this rotation.
	Respond to questions with the appropriate level of detail necessary to ensure proper patient care and communication with other relevant parties.

	Analyze a clinical study
	Prepare and lead a Journal club
	Develop and justify patient care recommendations
	Present patient cases, disease or medication related topics to health care professionals
Document patient care activities and care plan clearly and concisely to reflect the PPCP in the appropriate site-specific system.	Examples of types of documentation pharmacists do in this setting:
	1. SOAP notes for inclusion in medical record
	2. Care notes from face-to-face patient visits
	3. Interventions/recommendations made to team for patient care
	Outcomes necessary for ACO reporting: Cost savings
	Utilize institution specific drug selection algorithm to recommend formulary vs. non-formulary medications.
Advocate for patient access to medications to optimize patient outcomes.	Assist patients with medication cost assistance programs, such as: <ul style="list-style-type: none"> - Copay cards - Patient assistance programs Coordinate with other healthcare providers to minimize medication access issues during transitions of care
Perform patient tailored medication education.	Meet patients where they are, speaking to them at their level of health literacy Apply tactics to assess education delivered (teach-back method)
Adjust communication styles and techniques in response to patient specific needs and individual social determinants of health.	Examples of communication techniques used in this setting:
	• motivational interviewing,
	• coaching
	• counseling/education
	Social determinants of health include culture, religion, health literacy, literacy, disabilities, and cognitive impairment.
Use population-level data and quality metrics to identify and develop practices or strategies for improving outcomes and/or addressing health promotion and disease prevention for the population served by the clinic.	Develop patient education materials and deliver educational classes

* Common Competencies for Core APPEs AACP Experiential Education (EE) Section Task Force April 2017