

## Preface

Community pharmacy practice has evolved to allow many pharmacists to take a more active role in patient care and medication management. Schools and colleges of pharmacy may employ faculty members specializing in community pharmacy to train students in innovative community pharmacy practice. In addition, there has been a surge in the number of pharmacy graduates pursuing residency training in community pharmacy practice. However, there are few, if any, teaching and learning resources focused solely on the management of patients in the community pharmacy practice setting. Although patients often present with chronic conditions similar to those in other practice environments, there are many opportunities and barriers unique to community practice. The community pharmacist must often efficiently and effectively serve as a disease state manager, medication manager, clinician, educator, counselor, coach, personnel supervisor, and small business owner, all while providing outstanding patient care and upholding unerring standards of safety in dispensing medications. Pharmacy educators need teaching tools and resources to train current and future community pharmacists to succeed in implementing innovative patient care services in this dynamic and sometimes challenging environment.

Many pharmacy schools use case-based or active learning methods to teach student pharmacists in the classroom and during advanced practice experiences. No published casebooks currently exist that focus on community pharmacy practice. To fill this void, pharmacy faculty and preceptors must write their own cases or use general therapeutic texts that present patient care problems in a health-system or ambulatory care environment. Often, cases in these traditional texts do not provide an adequate model of patient care in community pharmacy practice. For example, most traditional therapeutic cases set in a health-system practice provide learners with a patient's entire medical profile, including diagnoses and a complete medication list, along with assumed access to the prescribing clinician. In the community setting, though, pharmacists rarely have this type of medical information and are required to discern the right course of action without this information or easy prescriber access. The community pharmacist needs to be able to choose the correct recommendation or course of action, but also to consider practice-specific issues that affect their ability to provide patient care such as available inventory, formulary considerations, limited after-hours access to prescribers, legal concerns, potential medication errors, and others. Finally, there are teaching opportunities unique to community practice in the areas of documentation of

patient care services, establishment of a new service, preventive medicine, self-care, or personal health that are often not emphasized in traditional texts.

For this reason, the editors developed this casebook based solely in the community setting to give learners (student pharmacists, residents, and pharmacists) a chance to discuss and learn from cases that closely resemble the patients they will see in the community pharmacy setting. This casebook covers common disease states that are seen in community pharmacy practice. It also includes cases about preventive medicine and personal health care such as immunizations and age-based health screenings. Other cases focus on development and implementation of patient care services in the community pharmacy practice setting.

Patient presentation in the community pharmacy varies greatly from day to day, and from patient to patient. For this reason, each case in this text is presented differently and includes unique teaching points about medication management, drug therapy selection, and/or opportunities and challenges unique to the community pharmacy setting. Generally, cases in this book are written with presentation to the community pharmacy counter or within an innovative patient care service provided in the pharmacy with or without a chief complaint. Case authors provide limited information about the patient, such as age, gender, race, allergies, and medication profile, similar to what a community pharmacist may be able to access. Each case includes learning objectives and questions for the learner to answer about how the pharmacist should manage the patient. These questions cover topics that include inquiries about appropriate medication therapy and management, collaborative practice, preventive medicine measures, self-care and nonprescription medicines, patient education, and follow-up. Each case lists additional activities to allow learners to delve deeper into the topic when desired and a list of references.

The cases use examples of “real-world” pharmacy records and patient care forms, such as those many community pharmacists would use in day-to-day practice. The casebook also contains an appendix that lists abbreviations used in the pharmacy records and forms. Many of the cases have incorporated the Medication Therapy Management (MTM) Core Elements developed by the American Pharmacists Association and National Association of Chain Drug Stores. However, instructors could use any case in the book to teach the concepts of MTM. For example, for each

case, instructors could ask the learner to develop a Personal Medication Record (PMR) and Medication Action Plan (MAP) for the patient. The core elements and forms for developing a PMR and a MAP are available at [http://www.pharmacist.com/AM/Template.cfm?Section=Search1&section=Jan\\_March6&template=/CM/ContentDisplay.cfm&ContentFileID=3839](http://www.pharmacist.com/AM/Template.cfm?Section=Search1&section=Jan_March6&template=/CM/ContentDisplay.cfm&ContentFileID=3839).

The editors intend for this casebook to be used by faculty to bring community pharmacy patient care topics into the classroom, by preceptors to reinforce topics during advanced practice experiences, by residency preceptors to enhance discussions with community pharmacy residents, and by pharmacists to enhance their skills in management of patients in the community setting. This casebook has a companion answer key for instructors to use as a teaching and resource guide. As with any published textbook,

instructors should verify that guidelines and/or standard of care has not changed before relying solely on the answer key. Answer keys often contain additional teaching or clinical pearls for instructors to emphasize when teaching from the case. It is the editors' hope that these cases will enhance pharmacotherapy teaching and learning in the community practice setting by providing an educational resource that is geared toward community pharmacy.

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