Fellowship Training for Clinical Pharmacists in Family Practice

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Inclusion of the clinical pharmacist on the family practice health care team is rapidly gaining acceptance.[1,2] The primary function of the clinical pharmacist in this setting is monitoring patients' total drug therapy. Primary care team involvement of the clinical pharmacist has included the drug therapy management of selected patients with acute and chronic diseases. In addition, the clinical pharmacist serves as a consultant and educator in drug-related matters to patients and the health care staff.[3,4]

The University of Iowa College of Pharmacy provides clinical pharmacy services to three family practice residency offices in Iowa (Oakdale, Iowa City, and Mechanicsville). The clinical pharmacist at each office is fully or partially salaried by the College of Pharmacy, where they also have academic appointments. A fourth clinical pharmacy program, located in Davenport, is community based and financed.[5]

In the Iowa models, the activities of the clinical pharmacists can be classified into six areas: (1) patient service, (2) family practice resident education, (3) pharmacy student education, (4) education of allied health professionals, (5) research, and (6) family practice departmental functions. Clinical pharmacy services at each office include drug therapy monitoring, drug therapy management of physician-referred patients with acute and chronic diseases, pharmacokinetic interpretation of serum drug levels, reviewing patient medication histories, patient education, and maintaining liaison with community pharmacists and pharmaceutical representatives. The pharmacy practice at Mechanicsville includes dispensing medications to patients and providing unit dose drug services to a nursing home in addition to clinical services. Each office has similar interdisciplinary objectives and promotes allied health personnel participation in primary health care activities. The major objective of clinical pharmacy services in the residency training programs is to monitor drug use through a variety of methods aimed at improving rational pharmacotherapeutics. Educational strategies include individualized resident instruction in the office, teaching rounds at affiliated hospitals and extended care facilities, development of prescribing standards and participation in therapeutic audits, and formal presentations in pharmacology and therapeutics.

Clinical Pharmacy Training

Family practice clinical pharmacy training emphasizes attainment of ambulatory care skills in an environment simulating private practice, utilizing patients who are representative of a cross-section of the community, and incorporating those problems most frequently encountered by physicians practicing primary care. The family practice clinical pharmacist must be versatile and have broad-based training. He or she should be competent in providing drug information, managing therapy of a variety of patients, and serving as a drug therapy educator to the patient and health care team.

The Clinical Pharmacy Fellowship at the University of Iowa incorporates individualized experiences in patient care, research, and teaching. The fellow has an appointment in the College of Pharmacy and works closely with the Department of Family Practice. The training program is designed to prepare the fellow for academic positions in colleges of pharmacy or departments of family practice and nonacademic positions in ambulatory care, such as private medical group practice, health maintenance organizations, or primary care clinics.

The fellow is required to have completed a minimum of two years of postbaccalaureate clinical experience in a Doctor of Pharmacy or Master of Science program. The patient care experience in the fellowship provides the fellow with an expanded exposure to the specialized therapeutics in family practice. The fellow has patient care responsibilities throughout the 12 months in the same family practice office, providing continuity with the patient population.

Continued on page 564

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0094-3509/82/090562-02$00.50

Continued from page 562

Brief exposures to clinical pharmacy practices in three other family practice offices allow the fellow to experience other ambulatory care models. Selected subspecialty experience is available if not previously obtained. The fellow continues to have patient care responsibilities in family practice while on these special rotations. All patient care experiences are supervised by a clinical pharmacy faculty preceptor.

Research is a major component of the fellowship. The fellow, with faculty guidance, is required to conceptualize a research project, prepare a proposal, collect and analyze the data, and prepare a manuscript for publication. The investigation must relate to the evaluation of clinical pharmacy services or involve an ambulatory care therapeutic topic. Through participation with faculty projects, experience in other research projects is obtained. The fellow also assists with grant preparations.

Teaching experience is obtained through preparation and presentation of baccalaureate pharmacy student lectures, graduate student seminars, and Department of Family Practice therapeutic conferences. Faculty provide evaluations of these presentations. The fellow also acts as a preceptor to pharmacy students in the clinic setting.

The clinical pharmacist who establishes a working relationship with an interdisciplinary family practice team will be presented with significant challenges. He or she will be called upon to demonstrate clinical skills in drug-related matters that complement (not merely duplicate) those skills of the other team members. The clinical pharmacist must appreciate the knowledge and the role of other team members in order to achieve compatible working relationships and in academic positions, must contribute also through independent and collaborative research. The training provided in this Clinical Pharmacy Fellowship prepares an individual to contribute significantly to the family practice specialty.

References

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