ACCP AND SPECIAL ARTICLES

Template for the Evaluation of a Clinical Pharmacist

American College of Clinical Pharmacy (Pharmacotherapy 1993;13(6):661–667)

As the focus of the standard of pharmacy practice moves from dispensing products to optimizing patient outcomes, so must the standards for evaluating pharmacists' performance. The goal of pharmacy practice is to deliver pharmaceutical care to patients. Opportunities are expanding for clinical pharmacists to have direct responsibility for patient well-being by ensuring optimum outcomes of therapy in various health care environments. In 1989 the Clinical Practice Affairs Committee of the American College of Clinical Pharmacy developed practice guidelines for pharmacotherapy specialists. To complement the guidelines, the committee developed a template for evaluating clinical pharmacists, a tool for assessing the extent to which clinical pharmacists' performance meets predefined practice standards. The template can be adapted to meet site-specific requirements.

This document was written by the following subcommittee of the 1989-1990, 1990-1991, and 1991-1992 ACCP Clinical Practice Affairs Committees: Mary Beth O'Connell, Pharm.D., FCCP, FASHP, Co-Chair 1991-1992; Christine Rudd, Pharm.D., FCCP, FASHP, Chair 1991-1992; Glen Schumock, Pharm.D.; Karen E. Bertch, Pharm.D.; Carl A. Hemstrom, Pharm.D.; and Marsha A. Raebel, Pharm.D., FCCP, BCPS, Board liaison. Other members of the 1989-1990 ACCP Clinical Practice Affairs Committee were Barry L. Carter, Pharm.D., FCCP, BCPS, Chair, 1989–1991; Michael W. Jann, Pharm.D.; W. Francis Lam, Pharm.D.; Milap C. Nahata, Pharm.D., FCCP; Douglas Anthony Powers, Pharm.D.; Anthony E. Ranno, Pharm.D., and Nathan J. Schultz, Pharm.D. Members of the 1990-1991 ACCP Clinical Practice Affairs Committee not mentioned above were Ryon Adams, Pharm.D.; Richard Berchou, Pharm.D.; G. Dennis Clifton, Pharm.D.; Joseph F. Dasta, M.S., FCCP; Terri Graves Davidson, Pharm.D.; Donald Kendzierski, Pharm.D.; Edward Krenzelok, Pharm.D.; Bruce Kreter, Pharm.D.; Veronica Moriarty, Pharm.D.; Louis Pagliaro, Pharm.D.; Richard Ptachcinski, Pharm.D., FCCP; and Dominic Solimando, Jr., Pharm.D. Members of the ACCP 1991-1992 Clinical Practice Affairs Committee not mentioned above were Daniel Buffington, Pharm.D.; Lea Ann Hansen, Pharm.D.; Kim Kelly, Pharm.D., FCCP; Gary Matzke, Pharm.D., FCP, FCCP; Katherine A. Michael, Pharm.D.; Beth Noer, Pharm.D.; Andrew T. Pennell, Pharm.D.; Dana Reid, Pharm.D.; and Joseph Tami, Pharm.D. Staff editor: Toni Sumpter, Pharm.D. Approved by the Board of Regents on July 20, 1993.

Address reprint requests to American College of Clinical Pharmacy, 3101 Broadway, Suite 380, Kansas City, MO 64111.

Template Development

The core materials for the development of this template (Appendix) were the ACCP practice guidelines for pharmacotherapy specialists, the eight steps of the drug use process, and the American Society of Hospital Pharmacists technical assistance bulletin on assessment of departmental directions for clinical practice in pharmacy. Initially, the standards, criteria for meeting the standards, and methods of assessment were developed for each drug use process step. These reflected important activities in drug distribution and outcomes for patient care. Subsequently, standards, criteria, and assessment methods for evaluating clinical activities outside of the drug use process were added.

The initial draft of the template was evaluated at four hospitals under the direction of clinical pharmacy administrators. The evaluators noted several advantages of the template; for example, it could lead to quality clinical pharmacy services universally, help justify the development of clinical pharmacy programs, and improve efficiency by minimizing the need for different evaluation tools for every institution or practice site. In addition, the standards could be incorporated into policy and procedure manuals, if desired.

On the other hand, the first draft had several disadvantages, including its complexity, the time required to complete it, its general rather than specific focus, the assigned percentages for performance standards, and the lack of space for documenting findings or adding written comments. Opinions varied concerning appropriate predefined standards. Some thought that all standards should be met 100% of the time, whereas others believed such expectations were unrealistic. The latter group argued that standards must reflect pharmacists' level of education and training as well as individual institutions' expectations and resources. In addition, certain sections appeared to be redundant. The evaluators recommended that sections on dispensing and administrative activities be deleted, and that the template

evaluate either clinical pharmacists or clinical pharmacy services, but not both. Also, certain assumptions regarding pharmacists' activities were simply not true for every clinical pharmacist; for example, attending medical rounds and performing physical assessments.

Based on this feedback, a revised template that evaluates clinical pharmacists only was developed and tested at seven institutions. The revised version did not define standards, allowing it to be adapted to each institution's standards and to the expected performance of the clinical pharmacist. Response to the revised template was excellent; additional recommendations for revision as well as instructions for personalizing the tool were incorporated into the final template.

Assessment Methods

Assessment methods describe how the evaluator will collect data to evaluate performance for each criterion. Examples from the template are review of selected monitoring forms, chart notations, or orders; review of adverse drug reaction or incidence reports; review of inservice evaluations or formal evaluation of presentations: and comparison of monitoring forms with patient charts. Other methods that could be used are physician evaluations, formulary decisions, evaluations of patient profiles, acceptance of clinical pharmacotherapy suggestions, evaluation of patient response, peer review, documentation in patients' charts, patient consultation logs, drug use evaluation records, and patient satisfaction surveys.

Summary

Pharmacists are expected to deliver pharma-

ceutical care, that is, to accept responsibility for patients' well-being by ensuring optimum outcomes of drug therapy. Therefore, their performance must be evaluated based on this expectation. The template should be a useful tool for assessing the extent to which clinical pharmacists' performance meets predefined practice standards. Its adaptability will allow it to meet site- and pharmacist-specific requirements for performance appraisal. The evaluator and clinical pharmacist should work together to establish a priori percentage standards.

Acknowledgments

The committee gratefully acknowledges the following institutions and persons who assisted in the review process: Patricia Hudgens, Medical University of South Carolina, Charleston, SC; Donald Kendzierski, University of Illinois at Chicago, Chicago, IL; Marsha A. Raebel, Scott and White Hospital, Temple, TX; Barbara Zarowitz, Henry Ford Hospital, Detroit, MI; Christine Rudd, Duke University Medical Center, Durham, NC; Beth Noer and Glen Schumock, University of Illinois at Chicago, Chicago, IL; Mary Anne Koda-Kimble, University of California, San Francisco, CA; Terri Graves Davidson, Emory University, Atlanta, GA; Louis Pagliaro, University of Alberta, Edmonton, Alberta, Canada; and Katherine Michael, Medical University of South Carolina, Charleston, SC.

References

- ACCP Clinical Practice Affairs Committee, 1989–1990. Practice guidelines for pharmacotherapy specialists. A position statement of the American College of Clinical Pharmacy. Pharmacotherapy 1990;10(4):308–11.
- Hutchinson RA, Vogel DP, Witte KW. A model for inpatient clinical pharmacy practice and reimbursement. Drug Intell Clin Pharm 1986;20:989-92.
- ASHP. Technical assistance bulletin on assessment of departmental directions for clinical practice in pharmacy. Am J Hosp Pharm 1989;46:339–41.

Appendix. Template for the Evaluation of a Clinical Pharmacist^a

The template for evaluating a clinical pharmacist is for use by clinical pharmacy managers. It should be revised to meet specific institutional requirements for clinical pharmacy practice prior to implementation. Specific numbers and types of patient interventions should be included and reviewed to reflect accurately the individual clinical pharmacist's practice responsibilities.

This template represents only part of the evaluation process. A letter or form should be submitted by an attending physician that addresses specific contributions to individual patient care by the practicing clinical pharmacist. Other health professionals (i.e., nurses, physician assistants, etc.) who interact daily with the individual clinical pharmacist should participate in the annual evaluation process.

Date	Clinical Pharmacist	• •	Supervisor	

Instructions for Using the Template

The template for the evaluation of a clinical pharmacist was designed to be flexible and adaptable to a particular institution, clinical pharmacy service, and clinical pharmacist. The administrator (evaluator) and clinical pharmacist for whom it will be used should work together to modify and individualize the tool as necessary. Such communication is vital to its effective use. The pharmacist being evaluated must be an active participant in the process.

Step 1.

Review the performance appraisal requirements of the institution or practice site. Guidelines or other requirements for employee evaluations should be incorporated into the instrument.

Step 2.

Review the criteria within each section of the template and delete or add criteria as necessary to reflect activities performed at the practice site. The template can be tailored to an individual pharmacist's activities or to the patient care activities of the entire clinical staff.

Step 3.

Determine the standards (thresholds) for each criterion. These can reflect universal standards established for the institution's clinical program or expectations of an individual clinical pharmacist. The standards establish departmental expectations regarding the extent to which the individual performs each criterion. The expectations should be objective and expressed clearly. Some sites may decide not to use standards; however, they should be cautioned that objective evaluation may be difficult without standards.

Step 4.

Review the assessment methods for each criterion and tailor them to the practice site, the evaluator, and the pharmacist being evaluated. No matter who completes the performance assessment, the methods used must be discussed, documented, and understood by the evaluator and the person being evaluated. Methods such as chart review and direct observation are time consuming but yield useful information.

Step 5.

Use the individualized evaluation tool to identify areas for improvement and opportunities for professional growth. These can be noted in the "comments" section of the template.

I. Perception of the Need for a Drug

Criteria	Assessment Method	Standard	Meets Criteria	Comments
Interviews patient to obtain a complete list of prescription and OTC drug use, response, and toxicity.	Reliability testing between pharmacist and supervisor			
Actively participates in medical rounds to obtain pertinent information required to determine necessity of drug therapy.	Joint rounds with supervisor and evaluation by physicians			
Determines accurate problem list.	Comparison of monitoring form and medical chart			
Consults physicians about drugs without indications.	Review of selected patient- monitoring forms and medical charts			
Obtains pertinent information required to determine the necessity of drug therapy.	Discussion of selected patients and therapy with manager			

II. Selection of a Specific Drug

Criteria	Assessment Method	Standard	Meets Criteria	Comments
ssures the drug of choice for a particular patient condition is ordered.	Review of 25 patient-monitoring forms, chart notations, or orders			
Assures there are no contraindications for selected drug products (e.g., allergy, history of severe adverse reaction).	Review of selected monitoring forms and medical charts			
elects drug products that are effective, are cost-beneficial, and promote patient compliance.	Review of selected monitoring forms and medical charts			
articipates in patient care rounds to provide input into drug selection.	Review of documentation on activity reports or productivity reports			
ctively participates in writing or evaluating drug therapy protocols.	Review of accuracy of standing protocols for drug therapy			
suggests appropriate therapeutic alternatives for nonformulary drugs.	Order review with therapeutic and cost saving outcome evaluation			
uggests nondrug therapy when appropriate.	Review of selected monitoring forms or medical charts			

TEMPLATE FOR EVALUATING CLINICAL PHARMACISTS ACCP

III. Evaluation and Review of Drug Regimen

			Meets	
Criteria	Assessment Method	Standard	Criteria	Comments
Determines drug therapy compliance with protocols, guidelines, or recommendations.	Review of selected patient- monitoring forms, chart notations, or orders			
Recommends drug discontinuation or dosage alteration when indicated.	Review of selected monitoring forms and medical charts			
dentifies potentially significant drug- drug, -food, -laboratory, and -disease interactions.	Review of selected monitoring forms and medical charts			
Communicates clinically relevant interactions with therapeutic alternatives to health care practitioners.	Review of selected monitoring forms and medical charts			
Obtains and uses clinical laboratory data to evaluate appropriateness of drug product selection and/or dosing regimen.	Review of selected monitoring forms, medical charts, and orders			
Adjusts drug therapy according to changes in concomitant therapy or the patient's condition.	Review of selected monitoring forms or selected patient charts for documentation	•		
Provides pharmacokinetic consultation for agents requiring such monitoring.	Review of selected patient- monitoring forms or selected patient charts for documentation			
Provides and evaluates drug therapy orders for appropriateness of dosage, route, interval, schedule, and duration throughout patient's hospital course.	Review of selected monitoring forms, medical charts, and orders			

IV. Monitoring Effects of Drug Therapy

Criteria	Assessment Method	Standard	Meets Criteria	Comments	
Independently evaluates patient response to drug therapy.	Review of selected patient- monitoring forms, chart notations, or orders				
Participates in patient care rounds to provide input into the monitoring of drug therapy.	Review of documentation on activity reports or productivity reports				
Assures compliance with adverse drug reaction-reporting programs or medication error-reporting programs.	Review of adverse drug reaction or incident reports				
Records recommendations, interventions, or other appropriate activity in the medical record or appropriate activity report.	Review of selected medical charts or activity reports				

V. Education

Criteria	Assessment Method	Standard	Meets Criteria	Comments
Provides drug education and counsels patients on appropriate drug use and storage.	Review of selected patient- monitoring forms or chart notations			
Provides written information for appropriate drug products.	Review of selected patient- monitoring forms or chart notations			
Provides educational presentations to pharmacy staff, students, and other health care professionals.	Review of inservice presentations, evaluations, and/or scores on post-test evaluations			

VI. Evaluation of Drug Usage and Therapy

Criteria	Assessment Method	Standard	Meets Criteria	Comments
Employs drug usage evaluation information to alter therapy effectively.	Review of developed guidelines or drug therapy protocols			
Participates in drug use evaluation programs.	Review of selected patient- monitoring forms or chart notations			
Participates in research activities.	Review of selected protocols			

VII. Information Retrieval

Criteria	Assessment Method	Standard	Meets Criteria	Comments
Provides complete and accurate information.	Supervisor review; recipient evaluation			
Effectively communicates information in a timely manner to requester.	Supervisor review; recipient evaluation			

VIII. Committee Involvement

Criteria	Assessment Method	Standard	Meets Criteria	Comments
Contributes to department, hospital, or pharmacy committees.	Evaluation of meeting minutes; assessment of committee members			
Actively participates as a member or chairperson of hospital committees.	Evaluation of meeting minutes			
	IX. Miscellaneous Activities	i		
Criteria	Assessment Method	Standard	Meets Criteria	Comments
Participates in local, state, national, or international pharmacy organizations.	Organization membership, committee membership			
		<u></u>		
Comments	· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·				
		•		

^aThis template may be photocopied and used for evaluating clinical pharmacists. To facilitate its adaptation to specific individuals or practice sites, an electronic copy may be down-loaded free of charge from the ACCP ClinNet electronic bulletin board (WordPerfect format only). Alternatively, the file may be obtained from ACCP on an IBM-compatible diskette in WordPerfect format. The cost to ACCP members is \$25.00 and to non-ACCP members is \$50.00. Specify diskette type (3.5" or 5.25") with your request and send it with payment to American College of Clinical Pharmacy, Attn: Template Evaluation Form, 3101 Broadway, Suite 380, Kansas City, MO 64111.