PHARMACOTHERAPY

ACCP GUIDELINE

ACCP Template for Evaluating a Clinical Pharmacist

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ACCP is committed to ensuring that clinical pharmacists possess the competencies necessary to deliver comprehensive medication management in team-based, direct patient care environments. These competencies are divided into six essential domains: direct patient care, pharmacotherapy knowledge, systems-based care and population health, communication, professionalism, and continuing professional development. The 2016 ACCP Clinical Practice Affairs Committee has developed an evaluation tool that includes the assessable tasks of today's clinical pharmacists that fall within each domain. This instrument can be used by institutions, organizations, and others responsible for clinical pharmacist performance evaluation and professional development.

KEY WORDS clinical pharmacy, evaluation tool, template, pharmacotherapy specialist, essential tasks.
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In August 2015, the American College of Clinical Pharmacy (ACCP) Clinical Practice Affairs Committee was charged with updating the "Template for the Evaluation of a Clinical Pharmacist." The updated template was to consider today's broader spectrum of clinical pharmacist practice, relevant standards and guidelines, and work of the 2016 ACCP Certification Affairs Committee, which had been charged simultaneously to update the 2008 ACCP paper on clinical pharmacist competencies. Thus, the goal of the 2016 ACCP Clinical Practice Affairs Committee was to prepare a tool that included the essential tasks of today's clinical pharmacists and that could be used by employers or supervisors for performance assessment.

The original "Template for the Evaluation of a Clinical Pharmacist," published in 1993, was based on the ACCP practice guidelines for pharmacotherapy specialists, the drug use process, and an American Society of Health-System Pharmacists (ASHP) paper on clinical practice in pharmacy.[1] Feedback from users suggested that data from completed templates could be used to justify additional clinical pharmacy services, standardize services offered by clinical pharmacists, and replace several evaluation instruments used in hospital pharmacy departments worldwide. However, because the template was over 2 decades old, it required updating.

Process

The 2016 ACCP Clinical Practice Affairs Committee reviewed the published literature related to clinical pharmacist practice. The committee also assessed the websites of ACCP, the American Association of Colleges of Pharmacy, the Accreditation Council for Pharmacy Education, ASHP, the Board of Pharmacy Specialties (BPS), and other nonpharmacy professional practice organizations (e.g., Accreditation Council for

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Graduate Medical Education [ACGME]) for relevant guidelines, policy statements, and white papers. Moreover, the committee evaluated other health professional websites to identify current literature on the roles, responsibilities, and expected competencies of clinical pharmacists. In addition, committee members provided sample evaluation forms used by their institutions or other large health care systems to evaluate clinical pharmacists.

After reviewing the literature and other information collected, the committee decided to use the BPS Pharmacotherapy Specialist Certification Content Outline,[2] which is employed in the testing and credentialing of Board Certified Pharmacotherapy Specialists, as the basis for an initial skeleton outline to identify the essential tasks of a contemporary pharmacotherapy specialist. The BPS Pharmacotherapy Specialist Certification Content Outline identifies three domains, or major responsibilities, and 17 tasks or activities. Although the committee considered the subspecialty criteria for other BPS specialties, it focused on the content outline for pharmacotherapy specialists, which encompasses the principle of ensuring "the safe, appropriate and economical use of medications as part of interprofessional treatment teams in a variety of settings ... to optimize medication use, improve patient outcomes, and serve as an objective, evidence-based source for therapeutic information and recommendations."[3]

The committee then modified items in the BPS outline, adding or deleting tasks and replacing them with more descriptive items gathered from committee members' reviews of published literature, websites, or existing evaluation tools. The committee completed a multistep, iterative review process to consolidate items so that the template had a manageable number of criteria for assessment and would be practical and not excessively time-consuming for a supervisor to complete. Committee members preferentially included items that could be assessed objectively or measured. Finally, to be consistent with the recommendations of the Board of Regents and the 2016 ACCP Certification Affairs Committee, which was updating the ACCP guideline on clinical pharmacist competencies, the committee aligned the core domains of the template with the six general competency domains of the ACGME Outcome Project.[4, 5] Committee members deemed this appropriate, given that the overarching task domains of both pharmacotherapy specialists and physicians are to provide quality health care. The resulting six domains are consistent with the core clinical pharmacist competencies articulated by the ACCP Certification Affairs Committee: direct patient care, pharmacotherapy knowledge, systems-based care and population health, communication, professionalism, and continuing professional development.[5]

The committee then worked in two teams to identify data that could be used to evaluate a clinical pharmacist's performance in each competency domain and define the potential criteria for success. After receiving the Board of Regents' comments on the draft template, the committee clarified, condensed, and simplified the final version of the template.

Guide for Using the Template

The template serves as a tool to measure, evaluate, and document a clinical pharmacist's performance in any practice setting (Table 1). The tool highlights the six core competency domains that should be part of every clinical pharmacist's job description: direct patient care, pharmacotherapy knowledge, systems-based care and population health, communication, professionalism, and continuing professional development.[5] For each domain, the committee has listed several tasks. For each task, committee members have suggested examples of performance measures, including observations or reviews of clinical decisions or documentation based on encounters with patients, caregivers, families, laypersons, or other health professionals. For some tasks, a wide variety of assessments can be used to evaluate performance.

Those responsible for evaluating clinical pharmacists are encouraged to modify the template and choose the type of assessment that best fits their institution and department. Clinical pharmacists may be evaluated by their supervisor, their peers, or other members of the health care team (e.g., physicians). Depending on the institution, the clinical pharmacist's peers may be appointed to a best practices, continuous quality improvement, or peer review committee.[19] The committee recognizes that each institution or organization will set its own criteria for success according to the clinical pharmacist's experience level, how long he or she has practiced within the department, and other factors. For this reason, the column labeled "Criteria to Define Success" should be completed by a direct supervisor. Finally, cut-points, as well as actions to take if the clinical pharmacist fails to meet

Table 1. Template for Evaluating a Clinical Pharmacist

Task	Suggested Examples of Performance Evaluation	Criteria to Define Success[a]
Competency domain 1: direct patient care		
Conducts interviews to obtain relevant subjective information as well as medication use history	Direct observation of patient (or caregiver) interviews Feedback from other health care team members about the clinical pharmacist's interviewing skills	
Documents an accurate and complete list of medications, discrepancies between prescribed and actual use of medications, allergies, and prior adverse drug reactions in accordance with institution-specific medication reconciliation processes[6]	Pharmacy progress notes and/or patient records—Review and evaluate for compliance with accepted standards and practice- or institution-specific policies	
Appropriately assesses patient data (e.g., physical assessment, medical history, overall health status, quality of life, cultural issues, educational level, language barriers, literacy level, current symptoms, laboratory or imaging study results) to identify medication-related problems[7]	Documentation of applicable and complete patient assessment and treatment plans developed by the clinical pharmacist Documentation of accurate and complete medication therapy problem lists	
Establishes and documents patient-specific and measurable outcomes; states the time interval for the monitoring and follow-up of each identified drug therapy problem[8]	Progress notes and other documentation by the clinical pharmacist	
Manages and/or recommends evidence-based medication therapy, including initiation, administration, modification, and discontinuation of therapy, according to the patient's response, change in condition, or concomitant therapy in order to optimize outcomes[9]	Orders or recommendations by the clinical pharmacist: Ensure that the recommendations meet established criteria Clinical pharmacist documentation in patient health records: Review for fulfillment of departmental or institutional requirements Interviews with health care team members: Verify that transition-of-care documents are complete and accurate	
Coordinates the timing and collection of drug concentration samples, interprets results, adjusts medication dosages or makes recommendations regarding adjustments, and monitors responses to treatment[10]	Orders, progress notes, or other documentation by the clinical pharmacist	
Advocates for the rational and cost-effective use of tests (e.g., laboratory tests, cultures and sensitivities, pharmacogenomic testing) to guide patient care decisions[11]	Orders, progress notes, or other documentation by the clinical pharmacist	
Practices cost-effective decision-making	Orders, progress notes, or other documentation—Review for application of the health system's policies from the P&T committee, antibiotic stewardship committee, or other appropriate committees Drug monographs or formulary reviews of new medications—Verify that evidence-based principles and sound pharmacotherapy and pharmacoeconomic decision-making processes are being used	

(continued)

Table 1. (continued)

Task	Suggested Examples of Performance Evaluation	Criteria to Define Success[a]
Monitors patients for adverse drug reactions and drug interactions (e.g., drug-drug, drug-food, drug-disease, drug-lab, or drug-device)	Documentation in orders and progress notes of adverse drug reactions Frequency and accuracy of adverse drug reaction reporting are consistent with institution-specific policies Direct observation of the clinical pharmacist during team interactions (e.g., on patient care rounds)	
Performs basic life support and participates in drug treatment management during medical emergencies[10]	Active life support certification (e.g., AHA BLS, ACLS, PALS, ATLS, ENLS), if required Competency certifications, if available, for stroke response, sepsis alerts, and/or trauma response	
Advocates for patient access to medications by facilitating the use of preferred medications on prescription drug plans and patient assistance programs[12]	Working relationships with case manager, social worker, and insurance or pharmaceutical company representatives Letters of appreciation of the clinical pharmacist's services submitted by patients Scores on patient satisfaction surveys Support for the institution's medication assistance program	
Competency domain 2: pharmacotherapy knowledge		
Retrieves, appraises, and assimilates evidence from published scientific studies and makes evidence-based decisions related to a patient's health problem(s)[13]	Documentation of evidence-based clinical decisions and recommendations	
Responds to drug information requests completely, accurately, and in a timely fashion	Assessment of the clinical pharmacist's therapeutic knowledge by fellow health care providers	
Competency domain 3: systems-based care and population health		
Follows, maintains, and reinforces the pharmacy/health system's medication use policies and processes to ensure proper and safe dosing, storage, handling, dispensing, and/or administration of medications and compounded sterile products[14]	Quality of drug utilization reviews Membership in P&T committee or an equivalent committee System error identification and the potential system solutions proposed[13] Portfolio of completed medication use processes in which the clinical pharmacist has been engaged Audits of the clinical pharmacist's interventions: Determine compliance with institutional policies regarding medication use	
Participates in institutional process improvements to ensure compliance with adverse drug reaction or medication error reporting programs, implements safety mechanisms, and continually assesses patient safety during transitions of care[15, 16]	Medication error reduction strategies developed and/or implemented Portfolio of documented activities in this area Adverse drug reactions reported through a facility's reporting system and/or national system (e.g., FDA MedWatch program) Medication use practices in the institution evaluated with other health care professionals to develop and implement programs that optimize patient outcomes, improve medication use, and align with national health care quality agendas[14] Quality improvement activities on existing programs and services within the institution[7]	

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Table 1. (continued)

Task	Suggested Examples of Performance Evaluation	Criteria to Define Success[a]
Participates in institutional processes to increase patients' access to medications	Guidelines for cost-effective practice in which the clinical pharmacist has participated (including guideline preparation) Development, promotion, and/or implementation of pharmacy-wide cost-saving initiatives	
Implements scope-of-practice protocols and/or collaborative practice agreements in accordance with legal and regulatory requirements	Collaborative practice agreements, standard operating procedures, or protocols developed by the clinical pharmacist: Review for application of national standards and best practices and compliance with state regulations	
Participates in developing, implementing, and evaluating national and state health care quality improvement initiatives related to medication use[14]	Nomination or appointment to national, regional, state, or local quality committees Portfolio of documented activity in this area Formal recognition (e.g., award, letter of commendation) of activity in this area	
Optional task: conduct a pharmacotherapy-related research project		
Demonstrates knowledge of research designs, methodologies, and biostatistical methods	Certificate of completion of the CITI (collaborative institutional training initiative) training or other institutional/employer requirements Research protocol design and scientific principles used	
Develops, implements, evaluates, and participates in studies that comply with health-system policies regarding regulatory requirements for conducting research	Record of IRB approval/exemption for clinical studies Proper collection and filing of IRB-approved patient consent forms	
Contributes to published literature on evidence-based pharmacotherapy	Record of publication in peer-reviewed journals	
Competency domain 4: communication		
Uses effective verbal and written communication skills consistent with a patient's health literacy status[7]	Direct observation of the clinical pharmacist's communication skills during patient interviews, medication counseling sessions, and/or presentations to patient groups Evaluations received from patients after a formal group presentation Samples of educational materials developed for patients[10] Portfolio of documented activity in this area (e.g., appropriate educational methods or audiovisual aids) Documentation that the patient and/or caregiver understands and adheres to the prescribed regimen(s) Documentation of the patient's level of understanding and barriers to education (e.g., language, hearing, visual, emotional)	
Establishes rapport and builds effective working relationships with other health care team members[9]	Direct observation Assessment of the clinical pharmacist from other members of the health care team	

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Table 1. (continued)

Task	Suggested Examples of Performance Evaluation	Criteria to Define Success[a]
Documents patient care activities appropriately, consistent with the institution's policies and procedures	Documentation of patient care activities Documentation of the clinical pharmacist's communications with other members of the team during handoffs between shifts or during transitions of care: Ensure that the follow-up and future encounters are aligned with the patient's medical and medication-related needs[8]	
Optional task: educate health care professionals to ensure the safe and effective use of medications in systems and/or populations		
Serves as an effective clinical educator. Engages learners at all levels of development, including students and trainees; demonstrates commitment to helping learners succeed regardless of professional background; regularly participates in interprofessional activities[17]	Student or resident evaluations of the clinical pharmacist as a preceptor Adjunct faculty member appointments at colleges of pharmacy, colleges of medicine, or other health professional programs Formal recognition of teaching excellence Appointment as a residency or fellowship program director Appointment as a training program preceptor	
Participates in education and training initiatives for the pharmacy department, health system, and/or public[18]	Record of presentations, publications, newsletters, or bulletins produced by the clinical pharmacist for departmental, institutional, or public use	
Competency domain 5: professionalism[2, 8]		
Treats patients, guests, staff, and trainees with care, concern, respect, and courtesy[15]	Results of patient satisfaction surveys Student or resident evaluations of the clinical pharmacist as a preceptor Direct observations Recognition (e.g., letters of commendation/thanks from patients or students) of the clinical pharmacist's professionalism Complaints received	
Maintains high ethical standards in accordance with HIPAA or other applicable regulations[15]	HIPAA violations or complaints from patients, patient advocates, or other health care providers	
Displays professional comportment: Appearance, image, attitude, and behavior[7]	Compliance with the institutional/employer dress code policy Direct observation	
Acts with honesty and integrity while demonstrating persistence and flexibility[17]	Direct observation	
Acts in a time-sensitive manner[17]	Responsiveness and timeliness of communications Timeliness of completion of assignments	
Develops new ideas and approaches to improve quality or overcome barriers to advance the profession[7]	Attendance at and participation in committees or department/service meetings[17] Contributions to committees or department/service meetings[17]	
Handles conflict and problems, including ethical issues, constructively and appropriately[18]	Direct observation Recognition (e.g., letters of commendation/thanks from patients or students) of professionalism Complaints received	

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Task	Suggested Examples of Performance Evaluation	Criteria to Define Success[a]
Seeks and provides constructive feedback; can effectively self-assess strengths, deficiencies, and limits of knowledge and expertise[15]	Completion of self-assessments at appropriate intervals Participation in department's peer evaluation programs Direct observation	
Serves as a role model for others within the organization by taking initiative to meet department/team objectives[7, 15]	Demonstrable leadership skills at departmental meetings or on projects Initiatives to make positive changes in practice, influence others to adopt change, articulate a clear vision of what's important and why change is needed[17] Formal recognition (e.g., appointments to leadership positions, appointment as committee chair) by the institution or other organizations	
Competency domain 6: continuing professional development		
Participates consistently in continuing professional development activities and pursues professional and career development activities that enhance research and scholarship[8]	Documentation of participation in continuing education/continuing professional development activities and programs	
Maintains competency through certification and maintenance of certification[8]	Documentation of certifications earned or renewed	
Regularly shares knowledge and expertise with other health professionals	In-services given to other health professionals Presentations at institutional seminars or grand rounds Invitations for presentations from other departments or professional entities outside the institution/organization	
Optional task: assumes a leadership role in clinical program development		
Demonstrates effective leadership in communicating goals to the team, maintaining project timeline, and engaging team members with respect, concern, and courtesy	Feedback and reviews of the clinical pharmacist provided by peers or other health professionals Timeliness of completion of the assigned project(s) Extent to which group members stay on task from the beginning to the end of the project Meeting minutes: Review to determine if/how the clinical pharmacist recognizes the contributions of others	
Obtains recognition as a leader by the profession	Invitations to speak or present on pharmacotherapy-related topics or quality improvement initiatives at state, regional, national, or international meetings Record of publication in peer-reviewed journals Formal recognition (e.g., appointments to leadership positions, appointment as committee chair, awards) by the institution/employer or other organizations	

ACLS = advanced cardiac life support; AHA BLS = American Heart Association basic life support; ATLS = advanced trauma life support; ENLS = emergency neurological life support; IRB = institutional review board; PALS = pediatric advanced life support; P&T = pharmacy and therapeutics.

[a]The committee recognizes that supervisors may set the criteria for success according to the clinical pharmacist's experience level or the length of time the clinical pharmacist has practiced within the department. In addition, a supervisor may choose more flexible criteria for success (e.g., clinical pharmacist meets expectations, clinical pharmacist exceeds expectations). See Table 2 for examples of the "Criteria to Define Success" for two of the tasks in competency domain 1.

Table 2. Examples of Criteria for Success for Selected Tasks in Competency Domain 1: Direct Patient Care

Task	Items Used to Evaluate Performance	Sample Criteria to Define Success
Competency domain 1: direct patient care		
Documents an accurate and complete list of medications, discrepancies between prescribed and actual use of medications, allergies, and prior adverse drug reactions in accordance with institution-specific medication reconciliation processes[6]	Pharmacy progress notes and/or patient records: Review and evaluate for compliance with accepted standards and practice- or institution-specific policies	Complete information is documented in an audit of a random sampling of five pharmacy progress notes (written or in an electronic health record) by a peer review committee OR A list of all elements that should be in the progress note is created. The supervisor assesses the clinical pharmacist against established performance criteria. For example, if > 95% of the listed elements are documented in a random sampling of progress notes, the clinical pharmacist's documentation is considered satisfactory OR When a clinical pharmacist falls within 1 SD of the mean of his or her peers for completeness of the progress note, the clinical pharmacist's documentation is considered satisfactory
Appropriately assesses patient data (e.g., physical assessment, medical history, overall health status, quality of life, cultural issues, educational level, language barriers, literacy level, current symptoms, laboratory or imaging study results) to identify medication-related problems[7]	Documentation of applicable and complete patient assessment and treatment plans developed by the clinical pharmacist Documentation of accurate and complete medication therapy problem lists	Appropriate assessments of patients' medication-related problems are documented in ≥ 90% of the cases reviewed OR Complete medication therapy problem lists are documented in ≥ 90% of the cases reviewed OR The clinical pharmacist's notes are peer-reviewed. Peer reviewers use standardized criteria, checking each note for specific areas/items that should be included. Peer reviewers also assign one of the following scores to each note: A – most peers would do the same; B – some peers would do the same; C – no one would treat the patient the same. The goal for each clinical pharmacist is to receive no more than two B scores in a year, and all numeric scores should be within 1 SD of the mean for the group

the criteria for success, should be determined. Table 2 provides several examples of the "Criteria to Define Success" for two of the tasks in competency domain 1: direct patient care.

Although the committee highlights best practices for clinical pharmacists in this template, each institution or organization should select the evaluable items within the domains that apply to the clinician's practice setting and the tasks most appropriate for the scope of clinical services provided. Similarly, the committee recognizes that some clinical pharmacists may also be responsible for conducting research, leading/managing others, or teaching. For these clinical pharmacists, other items ("Optional Task(s)") have been added to the appropriate domains of the updated template. Finally, the individuals being evaluated should have the opportunity to review the template before its use so that they are aware of specific performance expectations.

Conclusion

The ACCP Template for Evaluating a Clinical Pharmacist, as developed by the 2016 ACCP Clinical Practice Affairs Committee, is a useful assessment tool for determining whether clinical pharmacists meet predefined performance

criteria. The template is flexible enough to be used in its entirety, or, if appropriate, sections of the template may be added to an existing institution-specific tool.

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