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RESEARCH

Empowering the Interdisciplinary Care Team for Improving Care in Seniors via Clinical Pharmacy: The San Diego Geriatrics Workforce Enhancement Program

By Paula E. Park, PharmD, PhD; Diane L. Chau, MD; Jonathan H. Watanabe, PharmD, PhD, BCGP

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ABSTRACT
PURPOSE
The senior population is expected to grow at more than double the rate of the general population by 2020.[1] The overall incidence of chronic conditions will continue to increase with the aging population, putting greater demands on health care resources.[2] We will face challenges in our health care system, such as a shortage in geriatric trained health care professionals, and sustainability of federal programs in relation to the increasing number of seniors.[3] These challenges necessitate enhancement of an interdisciplinary geriatric training paradigm of health care professionals to provide culturally competent, evidence-based medicine.

SUMMARY
The San Diego Geriatrics Workforce Enhancement Program (SDGWEP) is an interdisciplinary curriculum designed to train health care professionals to provide quality care for the growing aging population. Through an intensive 120-hour yearlong training curriculum in geriatrics and homeless veteran care, 10 interprofessional scholars participate in lectures, clinical practice, workshops, conferences, and various outreach activities. Pharmacists are an integral part of the interdisciplinary team, providing drug information and recommendations, comprehensive medication review, in-services, and patient education.

CONCLUSION
Through continued scholar training and quality improvement projects, we plan to see positive health outcomes for seniors, their families, and their caregivers. Furthermore, we want the idea of SDGWEP in other underserved areas so that older adults in need can receive evidence-based quality care.

The United States is an aging society. By 2030, it is projected that 20% of the total population will be age 65 and older.[1] California is the nation's most populous state with more than 38 million people, and one of every eight U.S. residents lives in California.[4] By 2050, it is estimated that the number of people 65 years or older will significantly outnumber children younger than five,[5] and more than 25% of Californians will be 60 or older.[1] Furthermore, the cost of caring for the aging population increases with the number of chronic conditions, with increased spending on medications and hospital visits.[3] With this growing demographic, clinical pharmacists are in greater demand to care for geriatric patients, as less than 1% of pharmacists are certified or have specialty training in geriatrics.[6] California's older population will also grow more racially, ethnically, and culturally diverse. Non-Anglo Californians constitute 45% of the total population, and those of Latino origin account for 32%.[4] Seniors from minority backgrounds are more likely to experience elevated rates of functional impairment, poverty, limited education, and malnutrition. They tend to have greater difficulty negotiating the health care system because of language and cultural barriers.[7] With the growing aging and diverse population, we face challenges to the health care system, such as a shortage of geriatric health care professionals, a lack of diversity of caregivers compared to the growing diversity of patients, and the concern for the sustainability and structure of federal programs in relation to the increasing number of seniors.[3] These challenges may be overcome by adequately training health care professionals, family, and caregivers to deliver appropriate care.[3] The growing demographic necessitates enhancement of a training paradigm of health care professionals to better provide culturally competent, evidence-based medicine, with a focus on interprofessional collaboration.

Interdisciplinary care is defined as a complex process in which health professionals from different backgrounds work together to share knowledge and skills to make a concerted effort in assessing and evaluating patient care. This is accomplished through interdependent collaboration, open communication,

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and shared decision-making.[8] The need for interdisciplinary teamwork has been increasing due to an aging population, a larger number of patients with more complex needs associated with chronic diseases, and an increasing specialization within health professions resulting in no one health professional being able to meet all the complex needs of his or her patients.[8] Using the validated Patient Satisfaction Questionnaire, or PSQ-18, the value of teams in geriatrics care has been demonstrated in outpatient settings where patients' mean satisfaction rating was 4.3 out of 5, indicating that they agreed or strongly agreed with interdisciplinary care. In addition, physicians find interdisciplinary care appropriate (4.0 out of 5), helpful to their patients (3.7 out of 5), and helpful to them in their care for their patients (3.4 out of 5).[9] Extensive evaluation of eight programs nationally through the Geriatric Interdisciplinary Team Training (GITT) program has demonstrated that the combination of didactic and clinical practicum teaching interdisciplinary team care is an effective model of education for trainees in medicine, nursing, and social work.[10] GITT showed that every discipline involved in the program showed a statistically significant difference on the Team Skill Scale and improvement in the trainees' self-assessed ability to develop interdisciplinary care plans.[10] However, the training model lacked pharmacist or other health care professional involvement and was geared only toward trainees.

Pharmacists have been part of interdisciplinary teams in fields such as psychiatry services, where interdisciplinary health care teams were initially developed.[10] Recently, pharmacist participation in a Geriatrics Interdisciplinary Team (IDT) allowed for medication regimen adjustments due to potentially inappropriate medications in 34% of patients and dose adjustments in 38% of patients, and 96% of patients were satisfied with the Geriatrics IDT Clinic services.[11] However, there is a lack of interdisciplinary training paradigms that include pharmacist contribution and evaluation of outcomes that demonstrate effectiveness of the program.[10] This article describes a unique curriculum to train various health care professionals to provide culturally competent, quality care for the geriatric and underserved communities of San Diego. The training curriculum is called San Diego Geriatrics Workforce Enhancement Program (SDGWEP), funded by a $2.5 million grant from the Health Resources and Services Administration.

What Is SDGWEP?

SDGWEP was established to implement a San Diego-based geriatric education program and develop an interdisciplinary health care workforce that focuses on culturally appropriate care. The purpose of the SDGWEP collaborative is to train a health care workforce that maximizes patient and family engagement and improves health outcomes for older adults by integrating geriatrics with primary care.

SDGWEP recruited 10 scholars (physicians, nurses, a pharmacist, social workers, a student pharmacist) from their respective fields and is training them through a 120-hour yearlong curriculum accredited by UC San Diego School of Medicine's Continuing Medical Education (UCSD SOM CME), using a combination of lectures, workshops, symposiums, and clinical work. The scholars participate in clinics, outreach activities, and workshops in conjunction with UC San Diego School of Medicine, Skaggs School of Pharmacy and Pharmaceutical Sciences (SSPPS), the Veteran's Affairs San Diego Healthcare System (VASDHS), and San Ysidro Health Center (SYHC), a federally qualified health center located two miles from the U.S.-Mexico border. Each of these sites serves as a training site for the scholars, who are exposed to a diverse faculty with various resources and technologies. Lectures are given in topics such as the updated Beers Criteria, anticholinergic use in the elderly, dementia pharmacotherapy, and cultural and ethnic awareness in communication. Workshops employ hands-on training in telemedicine, wound care, and fall prevention. Outreach activities include community service and care for underserved communities. Further dissemination is accomplished through a three-day Clinical Geriatrics Interprofessional Symposium, submission of manuscripts, and composition of a Latino geriatrics textbook.

Our project proposes an innovative incorporation of interprofessional trainees from pharmacy, nursing, social services, and medicine to provide interdisciplinary care for frail older adults in a Program of All-Inclusive Care for the Elderly (PACE) center at San Diego County's border communities to enhance training in cultural, linguistic, and ethnogeriatric competency for the growing diversity of an aging America. The scholars are embedded within the San Diego PACE center (SD PACE). The PACE model of care provides a comprehensive medical and social service delivery system using an interdisciplinary team approach that provides and coordinates all needed preventive, primary, acute, and long-term care services. Services are provided to older adults who would otherwise reside in nursing facilities. The PACE model affords eligible individuals the opportunity to remain independent and in their homes for as long as possible. To be eligible, a person must be 55 years or older, reside in a PACE service area, be determined eligible at the nursing home level of care by the Department of Health Care Services, and be able to live safely in their homes or communities at the time of enrollment.[12] SD PACE is one of 11 PACE centers in California, and there are more than 100 PACE programs across the nation throughout various underserved communities. The National PACE Association provides detailed resources and tools for providers on how to start a PACE program.[13] PACE creatively coordinates the care of each participant enrolled in the program based on his or her individual needs. SDGWEP trainees are exposed to PACE practices that facilitate education and training of patients, families, direct care workers, and interprofessional teams of health care providers. PACE programs offer opportunities for pharmacists who specialize in geriatrics to be part of team-based health care delivery in medical home settings, where they are expected to play an integral role in appropriate drug-therapy delivery and education.[14] Pharmacists are uniquely qualified to promote their services to PACE programs and provide quality care to both the interdisciplinary team and patients of the program.[15] Through these multisite, interprofessional collaborations, SDGWEP intends to implement a quality care system utilizing the skills and methods of various health care professionals to care for the elderly and underserved patients.

Role of the Pharmacist within SDGWEP

The pharmacy fellow and student are uniquely trained to contribute various services to the team and the patients. Not only through clinical services, such as medication reconciliation, immunizations, and anticoagulation management, pharmacists also participate heavily in education for the scholars and the patients.

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Pharmacists serve as valuable educators for SDGWEP and PACE. At SDGWEP, pharmacists have lectured on topics such as anticholinergic use, the updated Beers Criteria, and prescription drug abuse in the elderly. Pharmacists provide drug information for the team, as well as the patients and their families, during medication review sessions. In addition, the student pharmacist and pharmacy fellow have presented at several conferences, such as Western Pharmacy Exchange, Innovations of Medical Education, and Clinical Geriatrics Interprofessional Symposium.

Pharmacists are trained to provide immunizations, and in a study with over 1,500 patient satisfaction surveys, 92% of patients were very satisfied with the pharmacists' immunization techniques and services.[16] As such, they have played a major role in improving immunization rates within SD PACE. After going through training for the San Diego Immunization Registry with Health and Human Services, pharmacists were able to collaborate with physicians, nurses, and social workers to improve influenza and pneumococcal vaccination rates at PACE. We were able to improve the immunization rate from 42% to 93% within a six-week period, successfully reaching the goal to immunize all willing PACE patients.

Pharmacists participate in interdisciplinary team meetings on a daily basis to discuss patient cases and provide comprehensive medication reconciliations. Pharmacists make recommendations during daily meetings or directly to the primary care physician via progress notes. For example, a patient with a history of falls experienced another fall around 2:00 a.m. and was taking gabapentin nightly without a clear indication. The pharmacist brought up the potentially inappropriate medication use of gabapentin in an older adult with a history of falls, and the medical director accepted the intervention and agreed that she overlooked the issue previously. A recent Cochrane review showed that the number of adverse drug events are reduced significantly, by 35%, when pharmaceutical care is provided to reduce inappropriate prescribing and medication-related problems.[17] Pharmacists are essential in helping the team to understand the indication for each medication prescribed, to review, and to deprescribe as appropriate, with a clear goal of care and tapering plan if necessary.[18]

Evaluative Measures

The SDGWEP is evaluated on various levels to determine program effectiveness. The evaluation system is based on accredited UCSD SOM CME department requirements, as well as input by faculty.

Geriatrics Scholar Evaluations

The geriatrics scholars are evaluated based on demonstration of the specific knowledge required for appropriate care for the elderly and underserved through discussions and post-session evaluations. (See Appendix I for a sample evaluation.) They also have opportunities to demonstrate teaching ability through presentations and leading discussions.

Curriculum and Faculty Evaluations

The outcomes for the curriculum are measured by the number of attendees and post-session evaluations. (See Appendix II.) The scholars are able to list any professional changes that they intend to make after participating in the sessions. Faculty members who participate in any training session will be evaluated based on lecture content, presentation, lecture syllabus, and practicality of material presented on a Likert scale. (See Appendix III.) The completed evaluations are gathered and reviewed for annual reports to Health Resources and Services Administration (HRSA), as well as submitted to the UCSD SOM CME department.

Health Outcome Measurements

In addition to curriculum and scholar/faculty evaluations, the curriculum effectiveness will be measured by looking at various health outcomes of the patients. Rapid Cycle Quality Improvement (RCQI) projects are defined as a quality improvement method that identifies, implements, and measures changes made to improve a process or a system.[19] RCQIs are mandated by HRSA to meet urgent needs of the patients on a short-term scale and are constantly being implemented throughout the year. Since the vast majority of PACE participants are Medicare/Medicaid eligible, we wanted to compare the outcome measures used by Centers for Medicare and Medicaid Services (CMS), such as Pharmacy Quality Alliance (PQA) and Healthcare Effectiveness Data and Information Set (HEDIS). PQA is a consensus-based, multi-stakeholder membership organization committed to improving health care quality and patient safety with a focus on appropriate use of medications through a collaborative process to develop and implement performance measures.[20] CMS uses PQA-supported medication measures such as high-risk medication in the elderly that is appropriate for us. This is adapted from a HEDIS measure known as Drugs to be Avoided in the Elderly (DAE), which identifies the percentage of older adults who receive a medication that puts them at high risk for an adverse drug-related event. HEDIS is a tool used by more than 90% of America's health plans to measure performance.[21] HEDIS measures are appropriate, as they are specifically defined and easy to compare, such as Immunization status for older adults and the use of High-Risk Medications in the Elderly.

Completed projects include reaching a 100% immunization rate within SD PACE and patient education on the need for immunization. A few upcoming projects include reducing the number of falls and promoting deprescribing of high-risk medications below 15% compared to recent Medicare estimates. Although we currently do not have much retrospective data to compare our outcomes to historical controls, we are interested in looking at prospective measurements to assess whether SDGWEP training has impacted health outcomes. Projects will continue to be implemented by the scholars and faculty to further the practice of evidence-based medicine and to provide culturally competent quality care for the elderly and underserved patients.

Future Directions and Conclusion

Through the development and implementation of the training paradigm described above that emphasizes interprofessional collaborations, pharmacists will serve as a crucial element in providing clinical and educational services to the interdisciplinary team to care for older adults and the underserved. If results show improvement, the curriculum can be repeated throughout California and beyond, where senior and underserved communities need quality care. With the number of older adults rising to nearly 11 million by 2030 and a lack of geriatric pharmacy specialists, a push for geriatric education within pharmacy curricula is warranted.[22] Through training programs such as SDGWEP, let's make sure we have future pharmacists who will be part of interdisciplinary teams caring for the

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continuously growing senior population.

About the Authors

Paula E. Park, PharmD, PhD is a second year interprofessional GWEP fellow and a clinical pharmacist at The San Diego PACE Clinic. Dr. Park has no conflicts of interest to report.

Diane L. Chau, MD is the Project Director of GWEP and the Medical Director of The San Diego PACE Clinic. Dr. Chau is an Associate Professor in the Division of Geriatrics at the UC San Diego School of Medicine. Dr. Chau has no conflicts of interest to report.

Jonathan Watanabe, PharmD, PhD, BCGP is a co-investigator of GWEP and an Assistant Professor of Clinical Pharmacy at The Skaggs School of Pharmacy and Pharmaceutical Sciences. He is the National Academy of Sciences, Engineering, and Medicine Pharmacy Fellow. Dr. Watanabe has no conflicts of interest to report.

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References

1. Data, Statistics, and Demographics - California Department of Aging - State of California. Available at: http://www.aging.ca.gov/Data_and_Statistics/?AspxAutoDetectCookieSupport=1. (Accessed: 15th January 2016)
2. American Hospital Association. When I'm 64: How Boomers will change Health Care. (2007).
3. The Aging Population: The Increasing Effects on Health Care. Available at: http://www.pharmacytimes.com/publications/issue/2016/January2016/The-Aging-Population-The-Increasing-Effects-on-Health-Care. (Accessed: 10th February 2016)
4. California's Population (PPIC Publication). Available at: http://www.ppic.org/main/publication_show.asp?i=259. (Accessed: 15th January 2016)
5. WHO | World report on ageing and health. Available at: http://www.who.int/ageing/publications/world-report-2015/en/. (Accessed: 10th February 2016)
6. Gray, S. L., Elliott, D. and Semla, T. Implications for pharmacy from the Institute of Medicine's report on Health Care Workforce and an Aging America. Ann. Pharmacother. 43, 1133–1138 (2009).
7. Ethnogeriatrics study group. Ethnogeriatrics, A National Agenda for Geriatrics Education: White Papers. (1995).
8. Nancarrow, S. A. et al. Ten principles of good interdisciplinary team work. Hum. Resour. Health 11, 19 (2013).
9. Outpatient geriatric evaluation and management. PubMed - NCBI. Available at: http://www.ncbi.nlm.nih.gov/pubmed/9514375. (Accessed: 31st May 2016)
10. Fulmer, T. et al. Geriatric interdisciplinary team training program: evaluation results. J. Aging Health 17, 443–470 (2005).
11. Lynch, S. and Javaheri, A. Pharmacist Participation on a Geriatrics Interdisciplinary Team (IDT) Clinic. Calif. Pharm.
12. PACE | Medicare.gov. Available at: https://www.medicare.gov/your-medicare-costs/help-paying-costs/pace/pace.html. (Accessed: 30th March 2016)
13. Start a PACE Program | National PACE Association. Available at: http://www.npaonline.org/start-pace-program. (Accessed: 23rd August 2016)
14. Gaither, C. and Schommer, J. 2014 National Pharmacist Workforce Survey. (2015).
15. Bouwmeester, C. The PACE program: home-based long-term care. Consult. Pharm. J. Am. Soc. Consult. Pharm. 27, 24–30 (2012).
16. Papastergiou, J., Folkins, C., Li, W. and Zervas, J. Community pharmacist-administered influenza immunization improves patient access to vaccination. Can. Pharm. J. CPJ Rev. Pharm. Can. RPC 147, 359–365 (2014).
17. Interventions to improve the appropriate use of polypharmacy for older people. PubMed - NCBI. Available at: http://www.ncbi.nlm.nih.gov/pubmed/22592727. (Accessed: 31st May 2016)
18. Topinkova, E., Baeyens, J. P., Michel, J. P. and Lang, P. O. Evidence-based strategies for the optimization of pharmacotherapy in older people. Drugs Aging 29, 477–494 (2012).
19. Rapid Cycle Quality Improvement Resources | Health Workforce Technical Assistance Center. Available at: http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/. (Accessed: 23rd August 2016)
20. PQA Measures Used By CMS in the Star Ratings and As Display Ratings Program. Available at: http://pqaalliance.org/measures/cms.asp. (Accessed: 25th August 2016)
21. HEDIS Measures. Available at: http://www.ncqa.org/hedis-quality-measurement/hedis-measures. (Accessed: 25th August 2016)
22. The Silver Tsunami is Coming: Will Pharmacy Be Swept Away with the Tide? Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690864/. (Accessed: 20th February 2016)

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I've invited you to fill out a form:

Anticholinergics & Incontinence

plus AGS 2015 Updated Beers Criteria

The two major components that have been added to the 2015 update on the AGS Beers Criteria are (choose two):

- [ ] The strength of recommendation
- [ ] Drug-drug interactions
- [ ] Rationale for the recommendation
- [ ] Drugs that require dose adjustments based on kidney function
- [ ] The quality of evidence

T/F. According to the updated criteria, antipsychotics are considered first-line treatment of delirium because of their effectiveness in sedating agitated patients.

- [ ] True
- [ ] False

T/F. According to Chatterjee et al., the use of high potency level 3 anticholinergics (amitriptyline, hydroxyzine, oxybutynin) had a significant association with a higher risk of community-acquired pneumonia in elderly.

- [ ] True
- [ ] False

What was the notable change in the AGS 2015 update regarding zolpidem (Ambien)/eszopiclone (Lunesta)-type medications for insomnia compared to the 2012 update?

- [ ] Due to the increase in delirium, falls, and fractures, the strength of recommendation was changed to "strong"
- [ ] Increased evidence in emergency department visits and hospitalization changed the quality of evidence to "high"
- [ ] The 90day use caveat was removed from the class and changed to an unambiguous "avoid" because of the increase in the evidence of harm

What is the risk rationale for avoiding Opioid analgesics with 2 or more other CNS (Central nervous system)- active drugs (i.e, antipsychotics, benzodiazepines, TCAs) ?

- [ ] Increased risk of cognitive decline
- [ ] Increased risk of constipation
- [ ] Increased risk of urinary incontinence
- [ ] Increased risk of falls

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Appendix II. Curriculum Evaluation Sample

GWEP Live Activity Evaluation
July 1, 2015 - June 30, 2016

OVERALL EVALUATIONS
PAGE 1

SELECT YOUR TITLE (all that apply)

- ☐ MD/DO
- ☐ NP/PA
- ☐ RN / Nurse
- ☐ PhD
- ☐ Scientist / Researcher
- ☐ Therapist
- ☐ Pharmacist
- ☐ Psychologist
- ☐ Other

WHAT INFLUENCED YOU TO TAKE THIS CME ACTIVITY?

- ☐ Course Description
- ☐ Faculty
- ☐ Topics
- ☐ Tuition Fee
- ☐ Location
- ☐ Other .....

HOW DID YOU HEAR ABOUT THIS CME ACTIVITY?

- ☐ Brochure/Postcard in the Mail
- ☐ UCSD CME Website
- ☐ Email Announcement
- ☐ Journal Ad or Newsletter
- ☐ Internet Search
- ☐ Information at Other UCSD CME Event
- ☐ Referred by Colleague/Word of Mouth

1a. Please rate the projected impact of the following objectives:
Competence - Competence is defined as the ability to apply knowledge, skills, and judgement in practice…knowing how to do something

		Not Applicable	No Impact		Moderate Impact		High Impact
- **Apply interdisciplinary training to practice evidence-based geriatrics care, specifically focusing on treating health problems common in elderly such as: falls, wounds, and mental health care.**	Increased Competence						
	Improved Performance						
	Improved Patient Outcomes						

(Insert additional objectives below)

1b. Please list professional changes that you intend to make as a result of participating in this CME activity.

After this CME Activity

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a	I am confident in my knowledge of providing care for the elderly					
b	I am knowledgeable of the skill set that each interdisciplinary team member provides for patient care					
c	I apply interdisciplinary team work to practice evidence-based geriatrics care					
d	I am knowledgeable in health problems common in elderly, such as mental health care					
e	I am knowledgeable in health problems common in elderly, such as wound care					
f	I am knowledgeable in health problems common in elderly, such as fall prevention					
g	I demonstrate culturally competent care, especially in the Latino and underserved communities					
h	I apply effective communication skills with my patients, their families, and caregivers					
i	I am able to communicate effectively with other healthcare professionals					
j	I am knowledgeable in telemedicine and its uses					
k	I am able to apply telemedicine to my practice					
l	I employ information learned through these activities and pass it on to patients to improve health outcomes and quality of care					

If you perceived commercial bias, please provide presenter and details.

Resources on cultural and linguistic competency have been included in your materials and are available at http://cme.ucsd.edu. How can we further meet your educational needs in this area?

Please provide your email address if we may contact you for a brief follow-up questionaire.

Comments.

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Appendix III. Speaker Evaluation Sample

GWEP
Nov 2015 - Jun 2016

SPEAKER EVALUATIONS

Using a #2 Pencil or Dark Pen, **completely fill in the bubble** you select.
NOTE: Please fill in completely for proper scanning.
Provide written comments in the text boxes.

CORRECT: ¢
INCORRECT: X / -

SELECT YOUR TITLE

- ○ MD/DO
- ○ NP/PA
- ○ RN / Nurse
- ○ PhD
- ○ Scientist / Researcher
- ○ Therapist
- ○ Pharmacist
- ○ Psychologist
- ○ Other

Please grade on the following criteria:
Content: Quality, Quantity, Organization, Relevance
Presentation: Entertainment, Effectiveness

Diane Chau, MD

			Poor	Fair	Average	Good	Excellent	N/A
1	**Date: Topic**	Content	○	○	○	○	○	☐
		Presentation	○	○	○	○	○	☐
		Syllabus	○	○	○	○	○	☐
		Practicality	○	○	○	○	○	☐
2	**Date: Topic**	Content	○	○	○	○	○	☐
		Presentation	○	○	○	○	○	☐
		Syllabus	○	○	○	○	○	☐
		Practicality	○	○	○	○	○	☐

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