Patient Care Plans and Case Presentations

The case presentation allows students to present to their preceptors and peers a case in which they have participated in providing care. It provides students with an opportunity to assess patient information, identify drug-related problems, establish goals and treatment alternatives, and ultimately make decisions and recommendations they are able to defend.

Students are expected to give at least two case presentations during each rotation. Suggested guidelines and presentation format for case presentations are outlined below. It is acknowledged that sites/preceptors may have varying expectations for case presentations. Therefore, it is recommended this be discussed with the preceptor at the beginning of the rotation.

A full workup of drug therapy, including patient assessment and care plan, is required to be completed and submitted in writing to the preceptor/faculty liaison in advance of the case presentation. All identified DRPs should be documented in the workup.

Students should follow the format used in school for working up a patient’s drug therapy, derived from Presenting Patient Cases: The Pharmacotherapy Patient Case Presentation Format, in Chapter 10 of Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management Services, 3e (Cipolle, Strand and Morley).


Guidelines for Case Presentations

- Cases presented must be those where students have actually worked with the patient. Discussion should include the student’s role in providing care to the patient.
- The facts of the case should be presented (in no longer than 10 minutes) followed by a discussion of the top 1-2 drug-related problems (DRPs) (~ an additional 20 minutes).
- Where other students are in attendance during case presentations, it is expected that each student will participate in the discussion of each case. (A copy of the case introduction, up to but not including the DRP list, should be provided to all attendees.)
- The method of presentation is typically oral with personal notes. If available, and the student wishes to use computer-based presentations, s/he should discuss in advance with the preceptor.
- The case presentation format below is recommended as a means to organize the presentation of information. Students may opt to use an alternate format if so advised by the site preceptor.

Assessment of the Patient’s Drug-Related Needs

1. Patient Demographics (initials, age, gender, race)

2. Chief Complaint and History of Present Illness
   - Why did the patient seek medical attention?

3. Current Medical Conditions & Medications
   - List current medical conditions, including date of diagnosis.
   - List current medications, including start date and indication for each.
4. **Past Medical History and Medications**
   - List/briefly review the patient’s past medical conditions and surgical procedures (including dates), and medication management (including indication, start date, & reason for discontinuation of each).
   - Note immunization history

5. **Allergies and Adverse Drug Reactions**
   - List drug & food allergies
   - Describe allergic reaction, if known
   - List and describe ADRs

6. **Family/Social/Compliance History**
   - List information relevant to the case. Include medication insurance information.

7. **Review of Systems and Relevant Laboratory Findings (where available, or applicable)**
   - Include dates and reference ranges for lab investigations.
   - State WNL for those findings which are within normal range/limits.
   - A description of the Review of Systems may be found in Table 6-6. Pharmacotherapy Workup: Review of Systems in Chapter 6 of Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management Services, 3e (Cipolle, Strand and Morley).

8. **Course in Hospital (if applicable) or Background of Events**
   - Briefly describe relevant events and management of the patient in a chronological manner, including dates (e.g., date of admission; dates medications were initiated, stopped, or changed; etc.).

**Case Work-up Format**

1. **Identify DRPs**
   - List and prioritize (high, moderate, low) all DRPs that you have identified.
   - Select the **one or two DRPs of highest priority** and work up completely for presentation.
   - Be prepared to discuss all other DRPs as time permits.

2. **Present a Care Plan**
   For the highest priority DRPs:
   - State the desired therapeutic outcomes.
   - Present at least 2-3 feasible pharmacological treatment options.
     - Outline the efficacy, safety, cost, drug interactions, convenience of use, etc. for each.
     - Briefly describe the evidence (where applicable) when discussing efficacy and safety (e.g., first-line therapy according to clinical practice guidelines).
• Provide a patient specific recommendation.
  o Explain the rationale for your recommendation.
  o Propose how it might be implemented, including any patient education that will be provided to the patient.
  o Outline any non-pharmacological treatment strategies which complement your recommendation, where appropriate.

• Present a monitoring plan
  o Address efficacy & safety.
  o Include parameters, desired degree of change, timelines, persons who will monitor, etc.

3. **Cite references appropriately**
   Refer to the referencing guidelines developed by Dr. Carla Dillon, School of Pharmacy and Ms. Alison Farrell, MUN Library.
   • Posted in **D2L**, School of Pharmacy Undergraduate Students, Patient Care Related Documents
   • Available online, MUN Libraries, Guidelines for Citing Resources  