

Care Transitions/Medication Reconciliation

These resources may be helpful to utilize as reading material for learners and in developing didactic or experiential curricular. Each cited article provides background information on care transitions and medication reconciliation.

Learner Resources

[ASHP Statement on the Pharmacist's Role in Medication Reconciliation](#)

- The American Society of Health-System Pharmacists (ASHP) believes that an effective process for medication reconciliation reduces medication errors and supports safe medication use by patients. ASHP encourages hospitals and health systems, including community-based providers and managed care systems, to collaborate in organized, multidisciplinary medication reconciliation programs to promote continuity of patient care. ASHP further believes that pharmacists, because of their distinct knowledge, skills, and abilities, are uniquely qualified to lead interdisciplinary efforts to establish and maintain an effective medication reconciliation process in hospitals and across health systems.

[Best Practices from the ASHP-APhA Medication Management in Care Transitions Initiative](#)

- In December 2011, ASHP and APhA jointly issued a profession-wide call for best practices involving pharmacists in the care transitions process. The purpose of the MMCT project was to identify and profile existing best practice models that are scalable for broad adoption. More than 80 institutions from across the country responded with MMCT models.

[Project Boost® \(Better Outcomes by Optimizing Safe Transitions\) Implementation Guide to Improve Care Transitions](#)

- The Implementation Guide functions as a workbook. As you move through the material, you will be asked to complete specific tasks that will help you improve your care transition processes.

[The Project RED \(Re-Engineered Discharge\) Toolkit](#)

- The Re-Engineered Discharge (RED) Toolkit, funded by the Agency for Healthcare Research and Quality, is designed to help hospitals reduce readmission rates by replicating the discharge process that resulted in 30 percent fewer hospital readmissions and emergency room visits.

[Medications at Transitions and Clinical Handoffs \(MATCH\) Toolkit for Medication Reconciliation](#)

- This toolkit incorporates the experiences and lessons learned by health care facilities that have implemented the MATCH strategies to improve their medication reconciliation processes.

[AJHP Collection on Transitions of Care and Medication Reconciliation](#)

- This *AJHP* collection contains articles that describe various aspects of transitions of care including medication reconciliation and ensuring continuity as patients transition across settings of care.

Inclusion in Pharmacy Didactic Curriculum

These resources provide examples of care transitions and medication reconciliation inclusion in a didactic curriculum.

Wong EY, Ha AT, Kolyouthapong K, et al. Students' perceptions of a new transitions of care elective course in the pharmacy curriculum. *Curr Pharm Teach Learn.* 2021;13(9):1215-1220. doi: [10.1016/j.cptl.2021.06.045](https://doi.org/10.1016/j.cptl.2021.06.045).

- This article reports the results of a pre- and post-assessment survey distributed to pharmacy students on a third-year elective course designed to include transitions of care and application of the Pharmacists' Patient Care Process. Course organization and delivery is described.

Serag-Bolos ES, Miranda AC, Gelot SR, et al. Assessing students' knowledge regarding the roles and responsibilities of a pharmacist with focus on care transitions through simulation. *Curr Pharm Teach Learn.* 2017;9(4):616-625. doi: [10.1016/j.cptl.2017.03.020](https://doi.org/10.1016/j.cptl.2017.03.020).

- This article describes pre and post pharmacy student survey results related to the inclusion of transitions of care simulation activities into a third-year pharmacy skills course. Simulation activity design and delivery is discussed.

Sen S, Hadley D, Patterson BJ, Patel RV. Development and implementation of a transitions of care elective course. *Curr Pharm Teach Learn.* 2016;8(3):380-390. doi: [10.1016/j.cptl.2016.02.019](https://doi.org/10.1016/j.cptl.2016.02.019).

- This article describes an interactive third year elective course in transitions of care. Course design and evaluation are reviewed.

Bethishou L, Fortes K, Brown A, Williams J. Utilizing an interprofessional case conference series to teach care transitions in pharmacy and nursing curriculum. *Curr Pharm Teach Learn.* 2021;13(12):1646-1653. doi: [10.1016/j.cptl.2021.09.023](https://doi.org/10.1016/j.cptl.2021.09.023).

- This article reports on an interprofessional longitudinal case conference series (collaboration of pharmacy and nursing students) to teach care transitions. Student awareness of the importance of interprofessional teamwork during care transitions increased.

Bajis D, Chaar B, Basheti IA, Moles R. Pharmacy students' medication history taking competency: Simulation and feedback learning intervention. *Curr Pharm Teach Learn.* 2019;11(10):1002-1015. doi: [10.1016/j.cptl.2019.06.007](https://doi.org/10.1016/j.cptl.2019.06.007).

- This article describes the impact of a 3-day medication reconciliation training activity with classroom simulation and feedback. Pre- and post-simulation questionnaires and focus groups were used to obtain student feedback.

Abu Farha RK, Rashad M, Hasen E, et al. Evaluation of the effect of video tutorial training on improving pharmacy students' knowledge and skills about medication reconciliation. *Pharm Pract (Granada).* 2020;18(1):1711. doi: [10.18549/PharmPract.2020.1.1711](https://doi.org/10.18549/PharmPract.2020.1.1711).

- This article describes the use of a 6-minute video tutorial to improve student knowledge of medication reconciliation and medication discrepancies.

Candelario D, Cunningham K, Solano LA, et al. Description of a transitions of care and telemedicine simulation lab activity. *Curr Pharm Teach Learn.* 2019;11(11):1184-1189. doi: [10.1016/j.cptl.2019.07.017](https://doi.org/10.1016/j.cptl.2019.07.017).

- This article describes and evaluates a transitions of care discharge and telemedicine simulation activity for second year pharmacy students.

Inclusion in Pharmacy Experiential Curriculum

These resources provide examples of care transitions and medication reconciliation inclusion in an experiential curriculum.

[ASHP Sample Transitions of Care APPE Student Rotation](#)

- This template provides the basis for designing a Transitions of Care (TOC) rotation to help students become familiar with core elements that clinical pharmacists are involved in when transitioning patients between the inpatient and outpatient settings.

Taylor H, Englin EF, Gubbins PO. Development, implementation and perceived benefits of student pharmacist learning experiences in transitions of care. *Curr Pharm Teach Learn*. 2019;11(10):1041-1048. doi: [10.1016/j.cptl.2019.06.011](#).

- This article reviews the design and delivery of introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs) that emphasize transitions of care.

Komperda K, Lempicki K. Effectiveness of a Medication Reconciliation Simulation in an Introductory Pharmacy Practice Experience Course. *Am J Pharm Educ*. 2019;83(4):514-25. doi: [10.5688/ajpe6628](#).

- This article reviews third year pharmacy student performance on an introductory pharmacy practice experience (IPPE) medication reconciliation simulated experience after various methods of student preparation (i.e., lecture, lecture and workshop, or no training).

Metzger NL, Chesson MM, Momary KM. Simulated Order Verification and Medication Reconciliation during an Introductory Pharmacy Practice Experience. *Am J Pharm Educ*. 2015;79(7):96. doi: [10.5688/ajpe79796](#).

- This article describes use of hospital training software to simulate medication reconciliation and order verification in an institutional introductory pharmacy practice experience (IPPE).

Vavra K, Paluzzi M, de Voest M, et al. Preliminary findings from a student pharmacist operated transitions of care pilot service. *Curr Pharm Teach Learn*. 2018;10(1):78-84. doi: [10.1016/j.cptl.2017.09.018](#).

- This article reports on a transitions of care pilot service that fourth year pharmacy students operated during a six-week inpatient medicine advanced pharmacy practice experience (APPE) at a community hospital.

Kelsh S, de Voest M, Stout M. Improving 30-day readmissions: Student pharmacists' role in transitions of care. *J Am Pharm Assoc* (2003). 2021;61(4):e233-e236. doi: [10.1016/j.japh.2021.03.007](#).

- This article describes a transition of care service (inpatient, discharge, and follow-up) led by student pharmacists completing internal medicine and ambulatory care Advanced Pharmacy Practice Experiences (APPEs) sequentially for a period of 12 weeks. The impact of the service on 30-day hospital readmissions was studied.

Bates JS, Buie LW, Amerine LB, et al. Expanding care through a layered learning practice model. *Am J Health Syst Pharm*. 2016;73(22):1869-1875. doi: [10.2146/ajhp150593](#).

- This article describes use of a layered learning practice model to provide discharge medication reconciliation services to acute care malignant hematology and medical oncology services. The model involved pharmacy residents and pharmacy students completing an advanced pharmacy practice experience (APPE).

Walker PC, Tucker Jones JN, Mason NA. An advanced pharmacy practice experience in transitional care. Am J Pharm Educ. 2010;74(2):20. doi: [10.5688/aj740220](https://doi.org/10.5688/aj740220).

- This article describes a hospital Advanced Pharmacy Practice Experience (APPE) that is focused on transitions of care at discharge for general medicine patients. Students participated in the following activities: patient interview, discharge medication reconciliation, patient counseling, and post-discharge follow-up.

Hertig R, Ackerman R, Zagar B, Tart S. Pharmacy student involvement in a transition of care program. Curr Pharm Teach Learn. 2017;9(5):841-847. doi: [10.1016/j.cptl.2017.06.004](https://doi.org/10.1016/j.cptl.2017.06.004).

- This article describes the involvement of Advanced Pharmacy Practice Experience (APPE) students in a community program where paramedics conducted post-discharge home visits for qualifying patients. The program collected outcomes on drug related problems, patient education, and readmission rates.