

CSHP Personal Practice Inventory

This inventory of beliefs and practice behaviors is intended to be used by you and the pharmacists with whom you practice. The purpose is to provide a starting place for systematic reflection on your direct patient care practice as individuals or as a team. This structure is arranged approximately in the order that one might introduce a new practice, so you might find you are able to answer "yes/agree" or "definitely yes/definitely agree" more frequently in the early portions. Then, if you reach a set of questions you cannot answer as positively, they may suggest the steps you should think about or work on next. You might want to repeat the assessment periodically to see if there have been any changes. This inventory has been modified from instruments developed by Charles Hepler and the American Society of Health System Pharmacists. Next to each phrase, mark your personal assessment according to the following key:

1 = strongly disagree, definitely no 2= disagree, no 3= no opinion, undecided 4= agree, yes 5= strongly agree, definitely yes

A. Beliefs about my role as a provider of direct patient care

Practice Description	Assessment			
	Q1	Q2	Q3	Q4
1. Drug-related morbidity occurs in my community.				
2. I can significantly reduce drug-related morbidity by preventing, identifying and resolving drug therapy problems.				
3. I routinely provide drug therapy that achieves specific outcomes which improve a patient's quality of life.				
4. Developing and using a drug therapy monitoring plan is at least as important to me as selecting an optimal drug therapy.				
5. Identifying actual or potential drug-related problems and resolving them is at least as important as filling a prescription.				
6. I have the necessary knowledge and skill to contribute effectively to drug therapy decisions made for my patients.				
7. I accept the responsibility and associated liability that making drug therapy decisions entails.				

B. The pharmacist-patient relationship

Practice Description	Assessment			
	Q1	Q2	Q3	Q4
8. My responsibility to my patients is more important than my rights as a professional.				
9. My responsibility to my patients extends beyond clarifying a prescription decision made by a prescriber, patient, or other healthcare worker.				
10. I make recommendations for drug therapy at the time a therapeutic plan is being made.				
11. I independently make decisions about drug therapy for my patients.				

C. Knowledge and skills to provide direct patient care

Practice Description	Assessment			
	Q1	Q2	Q3	Q4
12. I give a high priority to				
a. Identifying initial and changing needs for drug therapy in my patients.				
b. Developing a drug therapy plan through consultation with my patients and other care team members.				
c. Making sure that the drug therapy plan is implemented.				
d. Maintaining or increasing my ability to counsel and discuss drug therapy with my patients.				
e. Working cooperatively and collaboratively with other health team members to achieve optimal drug therapy.				
f. Maintaining or developing my knowledge and skills to identify, prevent and resolve drug therapy problems.				
13. I routinely use a systematic process to:				
a. Establish a relationship with my patients.				
b. Assess my patient's drug therapy.				
c. Prioritize the actual and potential drug therapy problems I have identified.				
d. Develop a drug therapy care plan and a monitoring plan.				
e. Monitor progress of my patients regarding specific drug therapy outcomes defined by my patients and me (as part of the care team).				
f. Document information regarding my direct patient care plan efforts in the health record or equivalent.				
g. Ensure continuity of my direct patient care plans.				

D. Relationships and organizational structure

Practice Description	Assessment			
	Q1	Q2	Q3	Q4
14. My patients know what my direct patient care role as a pharmacist is because my role is routinely communicated to them.				
15. I know my patients' desired outcomes of drug therapy because I routinely discuss outcomes with them or their proxy decision-maker.				
16. I seek professional relationships with other pharmacists who choose to practice pharmacy using a pharmaceutical care model.				
17. A written statement of purpose shows that my practice group (e.g., department, program, hospital, corporation, clinic, patient care team) supports the direct patient care role of pharmacists.				
18. Other members of the healthcare team understand and support my role as a provider of direct patient care.				
19. I practice according to written standards of care that describe my role as a pharmacist in terms of achieving specific drug therapy outcomes for patients.				
20. My access to patient information is timely and sufficient to enable me to provide direct patient care.				
21. I have timely access to drug therapy literature or pharmacist colleagues (consultants) to help me in my direct patient care practice.				

E. Outcomes evaluation

Practice Description	Assessment			
	Q1	Q2	Q3	Q4
22. I have a mechanism to evaluate how well I perform my direct patient care role.				
23. I have a mechanism to evaluate the economic impact of my direct patient care practice.				
24. Individuals who manage my practice group have a mechanism to evaluate the clinical and economic outcomes I obtain from the care I deliver.				
25. Individuals who manage my practice group have a mechanism to recognize the clinical and economic outcomes I obtain from the care I deliver.				
26. I know that my direct patient care activities make a difference in patients' lives because:				
a. My patients or their family caregivers tell me so.				
b. My fellow health team members tell me so.				

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Key reflections arising from the use of this tool:

Quarter 1:

Quarter 2:

Quarter 3:

Quarter 4: