

## How to Utilize the Resources of the CAP Center: A personal example

Below is a personal example of how to utilize the resources of the CAP Center to advance your work in implementing interventions and research in a pharmacy setting.

Amber Slevin, PharmD, BCACP, CTTS is a faculty member in the NDSU School of Pharmacy with a clinical appointment at Family HealthCare (FHC), Fargo, ND. Dr. Slevin is an accomplished clinical pharmacist, with significant post-graduate experience in Hepatitis C treatment. Dr. Slevin received funding from the North Dakota Department of Health to improve screening of patients at-risk for Hepatitis C and optimize linkage to treatment thereafter. As a new researcher, Dr. Slevin sought out assistance from two members of the CAP Center to help her with her research – Mark Strand, PhD, and Brody Maack, PharmD, BCACP, CTTS. Dr. Slevin shares her experience below.

### **Why did you invite these two individuals to join your hepatitis C (HCV) research team?**

*Mark contributed years of research experience, public health expertise, and has been a natural mentor to me in academic endeavors. Brody contributed experience with clinic based research at FHC and extensive knowledge regarding resources/strategies for success in implementing initiatives in the clinical setting.*

### **What roles did they play?**

*Mark and Brody both contributed greatly to research design. Mark would often put forth an ideal model while Brody would assist in fitting that model to our research site and the resources available. That was a very helpful combination and perhaps the most valuable aspect of having both on the team.*

### **What other specific contributions did they make to the project?**

*Mark aided greatly in team leadership, primarily guiding/mentoring my leadership of the team and organization of duties. He helped me to frame problems to ensure full understanding and working through solutions. He helped me tie concepts to those found in literature. He also provided mentorship in regard to scholarly work (data analysis and manuscript direction).*

*Brody aided greatly in research design and implementation, helping to tailor the research to the clinic setting. He was great at trouble-shooting and strategically pursuing scholarship opportunities. Brody was of great assistance in helping me to manage my first grant with ND DoH given his extensive and ongoing experience with similar grants.*

### **What kinds of support did you need, that you wish they had provided?**

*More contribution to scholarly writing, not only to lighten the load but also for me to see how others may write or frame a topic, problem, etc. Also, I sought help from others in the College of Health Professions with expertise in data analysis and dissemination. In areas where they thought it would be appropriate, they helped me identify what resources I might need and referred me to them. Clear expectations were established early on with CAP Center personnel (largely based on their direction), so for the most part I knew what they could help with and what type of assistance would need to be pursued elsewhere. When surprises arose they provided guidance as able.*

### **Is there any other advice you would like to leave us with?**

*Yes. Clinical or typical pharmacy work settings are busy places, and doing research, or implementing interventions in those settings can at times compete with the primary purpose which is patient care. Additionally, sometimes it takes more than one site-based teammate to design and sustain a practice*

*advancement project. So the CAP Center could aid new faculty in identifying a colleague as a partner or a champion for implementation to help support and bridge the clinical work and the research work.*

**Is there anything else you would like to say?**

*I could not have done it without their assistance.*

**What publications, presentations, posters, and follow up grants did this work lead to?**

*We received notice that our first full, original research manuscript was accepted for publication one month ago.*

- Perkins M, Slevin A, Strand MA, Freisner D. Screening for Hepatitis C in Persons Who Inject Drugs: A Public Health Crisis Calling for Improvement. Accepted to *Preventing Chronic Disease*, March, 2021.

*Other manuscripts will be written soon. Our work served as the basis for a Doctor of Nurse Practitioner candidate's thesis. The work led to a follow-up grant to support pharmacy-based Hepatitis C screening. Additionally, our work will be shared at the Dakota Conference on Rural and Public Health in the summer of 2021.*

*A list of poster presentations on our work is listed below.*

- Kessel K, Perkins M, Slevin A. "People who inject drugs identified for hepatitis C virus screening: does documentation in the problem list solve all problems?" Student poster presentation at American Society of Health-System Pharmacists Midyear Clinical Meeting (Virtual), December 2020.
- Rummel K, Maack B, Slevin A, Strand M. "Implementation of a hepatitis c virus (HCV) screening process within a multisite clinic system by ambulatory care pharmacists." Student poster presentation at American Society of Health-System Pharmacists Midyear Clinical Meeting (Virtual), December 2020.
- Slevin A, Maack B, Strand M, Perkins M, Kessel K, Friesner D. "Threading the needle: a quality improvement project to optimize intravenous drug use documentation and subsequent healthcare." Poster presentation at American College of Clinical Pharmacists Annual Meeting (Virtual), October 2020.
- Perkins M, Slevin A, Klapperich A. "Intravenous drug use documentation: finding a needle in a haystack." Poster presentation at American Society of Health-System Pharmacists Midyear Clinical Meeting, Las Vegas, Nevada; December 2019.
- Bergh T, Slevin A, Dwyer T. "Screenplay: the local story of baby boomers and hepatitis C virus screening." Poster presentation at American Society of Health-System Pharmacists Midyear Clinical Meeting, Las Vegas, Nevada; December 2019.

*Podium presentations:*

- Slevin A and Renton S. "Hepatitis C Treatment in the Primary Care Setting: Increasing Access to Curative Therapies." Dakota Conference on Rural and Public Health, Virtual, June 3, 2021.