

## Volunteer Position Description

*This form should be used by SSCHC staff to request volunteers, assist with recruitment and successful match, and inform volunteers of their duties.*

**Position Title:** Pharmacy Liaison

**Department:** Medical

**Direct Site Supervisor:** Dr. Aisha David, MD  
Center

**Location:** Chavez Health

**Number of Volunteers Requested:** 1+ (with staggered schedules)

**Would you like to interview candidate yourself?**  Yes  No

**Can this position be filled by Service Learning Students?**  Yes  No  
*Service Learning students typically commit to 10-30 hours over one semester (approximately 4 months).*

**Purpose for Volunteer Assignment:** Currently, Medical Assistants spend valuable clinic time following up on patients' prescriptions with the pharmacy. We want to continue to advocate for our patients, provide the best care and patient experience, but in a more efficient manner through the use of volunteers.

**Benefits to the volunteer:** Volunteer will learn about the prescription/medication refill process and partnership between clinics and pharmacy. Volunteer will work on behalf of patients to solve pharmacy-related problems that hinder their ability to manage conditions/diseases and maintain overall health. Volunteer will become familiar with prescription drug names, dosages, and uses. Volunteer will work closely with Family Practice Physician and associated nursing team. Volunteer will learn to obtain pertinent patient data from Electronic Health Record (EHR).

(days of the week, specific dates, times)

**Time Commitment:**

- One time \_\_\_\_\_  
 Specific time period \_\_\_\_\_  
 Special Project \_\_\_\_\_  
 Ongoing opportunity 4-hour shift preferred with a minimum

1-semester commitment (shifts currently available Mon, Tues AM, Wed, Thur AM, Fri AM)

**Client/patient population volunteer will serve (if applicable):** Patients seen by Family Practicie Physician, Dr. Aisha David

**Duties of volunteer:** At the direction of the Provider and/or Nursing Staff, volunteer will contact pharmacy (via phone) to follow up on patient prescriptions (checking status, verifying patient name, updating records, etc). Volunteer will obtain necessary information from EHR (patient demographics, assigned pharmacy, medication list). Volunteer will maintain communication with Provider and/or Nursing Staff to resolve questions and problems associated with patient medications, such as clarifying communication and terminology from the pharmacy

(out of stock, insurance doesn't cover, medication is not at this location), and troubleshooting issues (e.g., secondary insurance, alternative medications).

**All volunteers:** a PPD (TB) test is required at no cost. In addition, if volunteer will have direct patient contact, volunteer must provide proof of MMR, TDap, and varicella vaccinations. Will volunteer have direct patient contact and require vaccine documentation?  Yes  No

**Qualifications required or preferred:** (software, physical activity, Spanish fluency)  
Align with the SSCHC Mission; Spanish language skills strongly preferred; Pharmacy or Nursing/Other Clinical experience a plus; Interest in medicine, pharmacy, nursing, underserved populations, and/or advocacy preferred.

**Training provided to volunteer:** (name or type of training(s) required for this role and name of staff who will conduct training(s))  
HR/Volunteer Orientation (including HIPAA/Confidentiality) – mandatory for all volunteers; Training provided by Dr. David and/or Nursing Staff; Look-Alike-Sound-Alike Medications; Intergy EHR

Is a background check required for this position?  Yes  No  
If Yes, why?  Working with children  Other; please state reason EHR access

Prepared By: Dr. Aisha David/Kate Jaeger

Date: 06/16/2017

I agree that I have read, understand, and agree to carry out the above SSCHC Volunteer Position.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I agree to provide the training listed above and to ensure the volunteer is prepared to carry out his/her role. I agree to provide ongoing or updated training as needed.

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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For office use only:

Volunteer needs:  Key  E-mail set-up  Computer access (list programs)  
 ID badge  Other EHR access (possibly just Base or Read-Only) for demographics and medication list  
 Phone (ok to use Dr. David's during pilot)