

Faculty: Shepherd, Derrick; Tyler, Linda S.

Site:

University of Utah Hospitals and Clinics

Status: Active

Required

Description:

Preceptor: Derrick Shepherd, PharmD BCPS

Rotation Duration: Longitudinal throughout the year.

Overall Rotation Description:

Staffing is overseen by Derrick Shepherd, PharmD, BCPS. Residents are assigned to staff in the Outpatient Pharmacy Discharge Service once every 4 weekends throughout their residency. Residents will be assigned to lead one of the two discharge teams with a pharmacy technician and intern to assist them in their patient care duties.

Staffing units primarily involve medical, neurologic and surgical services. The discharge pharmacist in this role performs transition of care medication reconciliation by reviewing the provider issued discharge medication list, admit medication list, pertinent patient care notes and important labs that may impact medication utility. Additionally, the discharge pharmacist is an important patient advocate regarding medication cost and insurance considerations along with other barriers to patient compliance with their transition of care medication plan.

Once the transition of care review is complete and barriers to compliance are solved, the discharge pharmacist is encouraged to deliver the patient's filled medications to their bedside where education and teach back (for high risk medications) is performed to benefit the patient and increase compliance with their transition of care medication plan.

Role of the pharmacist (preceptor):

The preceptor is expected to provide the resident's staffing schedule, insulate the resident with staff training shifts until independence is deemed appropriate and provide timely follow-up and input to the resident's staffing performance.

The preceptor will conduct reviews as outlined in the evaluation section and conduct a final review to empower education points and create an open discussion regarding transition of care process improvement or other ideas for the resident's assigned staffing area.

The preceptor is available for follow-up concerns or questions regarding any staffing issues that arise from shift assignments, the resident's understanding of transition of care processes or clinical questions from staffing weekends.

Expectation of Learners:

In this setting, the pharmacist is expected to conduct discharge and transition of care services for the patient. This service includes discharge medication reconciliation for indication, dosing and

cost as well as admit medication reconciliation and pertinent patient care notes review. The discharge pharmacist is expected to identify any barriers to patient compliance (such as cost) and form solutions for the patient before they leave the hospital. Finally, the discharge pharmacist serves as a leader and mentor for the technician and intern they work with to provide direction and education as opportunity presents itself.

The learner is expected to staff on their assigned discharge service once every 4 weekends. Staffing will be independent and autonomous (once trained) with adequate support provided from experienced Outpatient Pharmacy staff and systems.

The learner is expected to provide discharge and transition of care services to patients in their assigned units with the help of a pharmacy technician and intern. The learner is expected to review medication indications, dosing and interactions for ordered medications. The learner is also expected to compare the admit medication reconciliation with the discharge orders to identify any discrepancies or issues before the patient leaves the hospital. Finally, the learner is expected to identify barriers to compliance that the patient may encounter with the transition of care medication plan and create solutions that will work for their patients.

The learner is expected to perform medication education at the patient's bedside with the filled discharge medications. Teach back education method is expected for all insulin, anticoagulants and antibiotics to ensure patient understanding of these key medications. The learner is expected to document these discussions in their discharge iVent reports for review by their preceptor each weekend.

EXPECTED PROGRESS

First Week

1. Find and use med management policies to support care
2. Interact professionally with the team such that they know the resident's name by Friday
3. Review patient education with preceptor prior to giving education to ensure accuracy

First Quarter

1. Conduct discharge services independently after proving they are trustworthy and provide accurate drug information
2. Use patient data to recommend changes to treatment based on factors such as medication cost, patient serum creatinine, medication interactions and comorbidities
3. Demonstrate increased ability to recognize medication problems (from baseline)
4. Interact with team and assume leadership of discharge service with technician and intern for discharge assignment
5. Understand discharge education documentation principles and systems
6. Understand MARQUIS trial guidelines

Second Quarter

1. Identify all common discharge medication issues and some complex issues
2. Use primary literature to respond accurately to team's drug info questions
3. Become fully integrated into the discharge team
4. Provide accurate patient education at the correct level for each patient without errors

5. Document patient care with minimal errors or omissions

6. State MARQUIS trial guidelines

Third Quarter

1. Identify the majority of opportunities to optimize discharge medication treatment using patient data

2. Consistently document recommendations independently without error

Final Quarter

1. Be sought by discharge team for their assignment

2. Operate with total understanding of MARQUIS trial guidelines

3. Provide high quality pass-off or transitions of care notes that support seamless patient care after discharge

		Activities	
Goal R1.2	Manage the medication distribution process in all locations within the health system where drugs reside.		
OBJ R1.2.1	(Evaluation) Based on one's own assessment of the pharmacy's drug control systems, contribute any needed recommendations for improvement.	Taught and Evaluated	Topic discussions will be held covering how to determine staffing, how to evaluate and how to adjust. Residents are expected to identify ideas to improve staffing and recognize how staffing levels affect operational, quality and safety issues.
Goal R1.3	Manage a pharmacy's direct patient care services.		
OBJ R1.3.1	(Evaluation) Based on one's own assessment of the scope of the pharmacy's current services for its capacity to meet the needs of all patients served by the health system, identify any needed services.	Taught and Evaluated	Discuss how the services provided meet the needs of the patient. Residents are expected to offer suggestions on how to better meet the needs of patients within the scope of services provided.
Goal R3.1	Develop an overall plan for the organization and staffing of the pharmacy.		
OBJ R3.1.1	(Analysis) Determine the minimum staff requirements that match the department's scope of services.	Taught and Evaluated	Topic discussions will be held covering how to determine staffing, how to evaluate and how to adjust. Residents are expected to identify ideas to improve staffing and recognize how staffing levels affect operational, quality and safety issues.
Goal R3.3	Participate in the departmental performance management system.		
OBJ R3.3.1	(Evaluation) Effectively supervise the work of pharmacy personnel.	Taught and Evaluated	Resident will staff to support discharge services and outpatient pharmacy. The resident will directly supervise the technician that is working with them. The resident is responsible to work effectively with the other pharmacists and technicians on the team to effectively provide discharge services.

Evaluations:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed

Management Rotations	All Preceptors	Each Resident Taking this Learning Experience	50.00%
Management Rotations	All Preceptors	Each Resident Taking this Learning Experience	25.00%
Management Rotations	All Preceptors	Each Resident Taking this Learning Experience	75.00%
Summative Evaluation	Residents	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed