

**University of Utah Health**  
**PGY1 – Family Medicine Rotation**  
**(Madsen and/or Sugarhouse Family Medicine Residency Clinics)**

**Rotation Name:**

Madsen Family Clinic (Ambulatory Care 1 or 2)  
Sugarhouse Family Medicine Clinic (Ambulatory Care 1 or 2)

**Rotation Preceptors:**

Hanna Raber, PharmD, BCPS, BCACP, TTS – Madsen  
Karen Gunning, Pharm.D BCPS, BCACP – Sugarhouse  
G. Benjamin Berrett, Pharm.D, BCPS, BCACP, BC-ADM – Sugarhouse

**Duration:** 4 weeks

**Site Description:**

The family medicine clinical rotation is based at University of Utah Health Family Medicine Residency Clinics (Sugarhouse (SHC) or Madsen (MHC)). Each clinic provides care to a wide variety of patients, including pediatrics, obstetrics, geriatrics and every type of patient in between. The interdisciplinary team at each clinic includes attending physicians, physician assistants, nurse practitioners, family medicine residents, physician assistant students, medical students, pharmacy students, psychologists, care managers, dietitians, pharmacists, nurses, medical assistants, and laboratory personnel. Various clinic experiences may include, but are not limited to, home visits, pharmacy clinic, interdisciplinary visits and shared medical appointments.

**Rotation Description:**

The resident will work as an integral participant on the family medicine team. The resident will be responsible for identifying and resolving medication therapy issues for patients referred to the pharmacy team, and will work towards providing independent care of the patients seen in the pharmacy education clinic via the use of multiple collaborative drug therapy management agreements. Patients are referred to this clinic by their primary care providers to address a variety of drug related issues, which may include, but are not limited to, smoking cessation, diabetes education and monitoring, hypertension, hyperlipidemia, anticoagulation, pain management, asthma, osteoporosis, general medication therapy management, and patient assistance. The resident may also participate in home visits with members of the care team, participate in the therapeutic interchange collaborative agreement protocol, and, if certified, provide immunization services to clinic patients and members of the community.

Emphasis is placed on the provision of patient drug related care for the entire patient, rather than a solitary view based on a single clinical problem. Comprehensive medication management and the use of the pharmacist patient care process is emphasized. Further emphasis is also placed on the development and education of the other learners in clinic, and on development of drug information skills in the primary care setting.

The resident will be expected to participate in the teaching of pharmacy students, if applicable; with participation to include direct precepting and didactic small group teaching. Residents may also be involved with clinic quality improvement projects and didactic presentations at department of family and preventive medicine conferences.

The resident is expected to be respectful and courteous to the patients, preceptors, members of the health care team, and others. The resident will need to demonstrate excellent communication skills,

both written and verbal. Patient confidentiality should be maintained according to HIPPA and other clinic policies.

Upon completion of the rotation, the resident is expected to have a holistic understanding of the diagnosis and pharmacological treatment of core disease states in primary care, including but not limited to hypertension, diabetes, hyperlipidemia, anticoagulation, core geriatric syndromes, women's health, infectious diseases in ambulatory care, smoking cessation, depression/anxiety, immunizations and wellness, and asthma. The resident should display increased competence and confidence in these areas, and in the pharmacist process of care in the delivery of comprehensive medication management.

### **Role of the Pharmacist:**

The clinical pharmacists at the Family Medicine Residency Clinics serve as members of the ambulatory care team by providing comprehensive medication management services to patients of the clinic and serving as faculty educators for family medicine residents.

Pharmacists provide direct patient care through collaborative practice agreements for asthma, diabetes, hyperlipidemia, hypertension, tobacco cessation, and naloxone therapy. In addition, pharmacists are available to resident and attending physicians during their patient appointments for consultation. Frequent consultations include opioid tapers, immunization recommendations, medication reconciliation, transitions of care, device education, and therapeutic interchange recommendations. Pharmacists are frequently involved with answering drug information questions related to patient care.

As part of the family medicine faculty, family medicine residency clinic pharmacists also dedicate significant time to the education of family medicine residents. Pharmacists provide both formal education to the residents through topic discussions, journal clubs, and presentations as well as informal education via daily patient care activities.

### **RLS Goals:**

Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy. **(Am Care1)**

Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.

Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy. **(Am Care 1 and 2)**

Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy. **(Am Care2)**

Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans). **(Am Care1 and 2)**

Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions. **(Am Care 2)**

Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate. **(Am Care 1)**

Objective R1.1.8: (Applying) Demonstrate responsibility to patients. **(Am Care 2)**

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

Objective R1.2.1: (Applying) Manage transitions of care effectively. **(Am Care 1)**

Goal R3.1 Demonstrate leadership skills

Objective R3.1.2: Apply a process of on-going self-evaluation and personal performance

Improvement. **(Am Care 1 and 2)**

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

Objective 4.1.2 Use effective presentation and teaching skills to deliver education. **(Am Care 1 and 2)**

**Family Medicine Rotation Activities and Teaching Methods Linked to Objectives:**

Goals and Objectives - See goals and objectives above to see which objectives are taught & evaluated as Am Care I or Am Care II.	Teaching Method(s)	Related Rotation Activities
GOAL R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients...following a consistent patient care process.	<p style="text-align: center;"><i>Customized based on resident's baseline skills and progression</i></p> <p>Direct instruction Modeling Coaching Facilitation</p>	<ul style="list-style-type: none"> <li>• Regular interaction with interdisciplinary team members and patients via verbal and written communication</li> <li>• Independent clinical pharmacy visits based on CDTM protocols</li> <li>• Co-visits with care team members</li> <li>• Electronic, telephonic, and virtual communication with patients regarding medication management</li> <li>• Use of available drug information resources to gather data necessary to conduct patient care</li> <li>• Use of the Epic electronic medical record to review and document patient information in the course of normal patient care</li> <li>• Efficient documentation of clinic visits in a way that clearly communicates the activities completed, recommendations made, outcomes expected, and time frame of follow up</li> <li>• Prioritization of daily clinic activities</li> <li>• Utilization of other care team members as</li> </ul>
<ul style="list-style-type: none"> <li>• Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.</li> </ul>		
<ul style="list-style-type: none"> <li>• Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.</li> </ul>		
<ul style="list-style-type: none"> <li>• Objective R1.1.3: (Applying) Collect information on which to base safe and effective medication therapy.</li> </ul>		
<ul style="list-style-type: none"> <li>• Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.</li> </ul>		
<ul style="list-style-type: none"> <li>• Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</li> </ul>		
<ul style="list-style-type: none"> <li>• Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.</li> </ul>		
<ul style="list-style-type: none"> <li>• Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.</li> </ul>		
<ul style="list-style-type: none"> <li>• Objective R1.1.8: (Applying) Demonstrate responsibility to patients.</li> </ul>		

		<p>appropriate via warm hand-off and/or referral</p> <ul style="list-style-type: none"> <li>• Communication with clinic providers regarding pharmacy recommendations or plans provided to patients utilizing CDTM protocols</li> </ul>
<p>GOAL R1.2 Ensure continuity of care during patient transitions between care settings.</p> <ul style="list-style-type: none"> <li>• Objective R1.2.1: (Applying) Manage transitions of care effectively.</li> </ul>	<p><i>Customized based on resident's baseline skills and progression</i></p> <p>Direct instruction Modeling Coaching Facilitation</p>	<ul style="list-style-type: none"> <li>• Completion of transitional care activities following hospital discharge, including medication reconciliation and recommendations to improve medication safety and efficacy</li> <li>• Coordination of care with patient pharmacies and other providers</li> </ul>
<p>GOAL R3.1 Demonstrate leadership skills</p> <ul style="list-style-type: none"> <li>• Objective R3.1.2: Apply a process of on-going self-evaluation and personal performance Improvement.</li> </ul>	<p>Coaching Facilitation</p>	<ul style="list-style-type: none"> <li>• Residents will self-evaluate at the midpoint and end of rotation</li> <li>• Residents will be asked to assess their own performance on assigned presentations and regularly on patient interactions.</li> </ul>
<p>GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.</p> <ul style="list-style-type: none"> <li>• Objective R4.1.1: (Applying) Design effective educational activities.</li> <li>• Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.</li> <li>• Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.</li> <li>• Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.</li> <li>• Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.</li> <li>• Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.</li> </ul>	<p><i>Customized based on resident's baseline skills and progression</i></p> <p>Direct instruction Modeling Coaching Facilitation</p>	<ul style="list-style-type: none"> <li>• Assessing patient health literacy in clinic interactions to determine appropriate instructional methods for medication education</li> <li>• Utilize patient education to help patients reach their therapeutic goals</li> <li>• Participate in care coordination team meetings for high risk patients, providing pharmacy-specific recommendations and follow-up with patients and care team</li> <li>• Preparation of educational materials for clinic providers</li> </ul>

		<ul style="list-style-type: none"> <li>• Participation in therapeutic discussions with the preceptor on a weekly basis</li> <li>• Preparation of written responses to drug information questions from clinic providers</li> <li>• Use of teach-back to assess patient understanding of education provided</li> <li>• As applicable, serve as a preceptor to other clinic learners, including pharmacy students</li> </ul>
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**Resident Expectations:**

1. The resident must prepare adequately for patient visits by reviewing pertinent primary care pharmacotherapy and disease states, and arriving with a plan for the patient prior to the visit.
2. The resident will report all adverse drug events according to the University of Utah Hospital protocols.
3. The resident will present 2 primary care journal club presentations, with handout, during the course of the rotation.
4. The resident will function within the scope of the collaborative drug therapy management protocols approved by the Pharmacy and Therapeutics Committee for hypertension, dyslipidemia, smoking cessation, asthma, anticoagulation, refills, immunizations, and diabetes.
5. The resident will provide medication counseling and instructions as requested, and will document all patient interactions with a progress note entered into EPIC.
6. The resident may be required to present an in-service to nursing staff or medical residents at either Sugarhouse Clinic or Madsen Clinic (20-30 minutes, PowerPoint optional, brief handout required)
7. The resident may (if a student is also on rotation) be asked to directly precept, develop a syllabus for a week's period of time, and provide direct assessment to the student regarding their performance.
8. Drug information projects may be assigned as they come up.
9. The resident will review their schedule and progress on activities and projects with the preceptor at least weekly to demonstrate adequate progress.

**Expected Progression:**

By the end of Week 1, the resident should be able to:

- Observe preceptors provide care to patients via CPAs and consultation and begin to actively participate in patient visits (ie medication history, perform vitals, counsel on a medication)
- Review the patient chart to gather pertinent information in preparation for direct patient care
- Respond to any drug information requests from the team

By the end of Week 2, the resident should be able to:

- Provide care to patients via CPAs and consultation with direct supervision and feedback from the preceptor
- Present patient cases and drug therapy plans to the preceptor in an organized manner

- Interact appropriately with each patient and their family members, obtaining sufficient history to make patient-centered recommendations
- Complete all required documentation associated with patient care by the following business day with minimal errors

By the end of Week 3, the resident should be able to:

- Provide care to patients semi-independently with preceptor discussion of the therapeutic assessment and plan
- Work effectively as a member of an interdisciplinary team (describe roles of various team members, effectively communicate, etc)
- Incorporate shared decision making into direct patient care
- Prioritize daily tasks and self-manage schedule

By the end of Week 4, the resident should be able to:

- Provide care to patients independently with preceptor consultation as needed
- Complete all required documentation associated with patient care by the following business day independently and without errors
- Complete all assigned projects as assigned by the preceptor

#### **Readings and Preparatory Work:**

Residents are expected to become familiar with the University CDTM protocols for hypertension, dyslipidemia, anticoagulation, refills, therapeutic interchange, immunizations, and diabetes.

While not required, immunization certificate is desired, particularly for residents seeking rotation opportunities in the late fall and early winter.

#### **Orientation Materials**

Your preceptor will meet with you on the first day of rotation to make an individual orientation plan with you, and provide you with a draft calendar for the month with proposed projects and due dates.

#### **Typical Daily/Weekly/Monthly Activities:**

The resident is expected to be punctual and to prioritize daily activities. A typical day will be from 8:00 am – 5:00 pm, but additional time may be required to complete daily responsibilities and ensure best outcomes for the patient. Residents are expected to answer questions and follow up with providers regarding patients seen in clinic even when they are not physically on site.

If applicable, residents will attend monthly clinic quality meetings and weekly family medicine grand rounds presentations. Residents may also attend and/or present at family medicine Wednesday Afternoon Teaching Sessions for medical residents and interns.

#### **Evaluations:**

The resident will receive formative evaluations of written notes, any completed presentations and patient care plans and recommendations.

Formal evaluations will be documented in PharmAcademic™. At the midpoint of the rotation, the preceptor will evaluate the resident. At the end of each rotation, the resident will self-evaluate, the preceptor will evaluate the resident, and the resident will evaluate both the preceptor and the learning experience.