

University of Utah Health: PGY1 Residency Program Salt Lake City, Utah

Rotation Name:

Gastroenterology/Hepatology Clinic

Preceptor: Anthony Dalpiaz, Pharm.D.

Duration: 4 weeks

Site Description:

The Gastroenterology and Hepatology clinics are located within the main campus of University of Utah Health Hospitals and Clinics. The clinic is adjacent to many specialty clinics, infusion center, laboratory, and outpatient pharmacy. This gastroenterology clinic is composed of biliary, motility, inflammatory bowel diseases, and general gastroenterology services. The hepatology clinics is composed of transplant hepatology, hepatitis C, hepatitis B, end stage liver disease, and general hepatology services. Clinical pharmacy services include drug information, patient education and consultation in hepatitis C, inflammatory bowel disease, GERD, eosinophilic esophagitis, and other general GI issues. The interprofessional team includes attending gastroenterology and hepatology physicians, gastroenterology fellows, advanced practice clinicians, nurses, and medical assistants.

Role of the Pharmacist, Rotation Description:

The clinical pharmacist is responsible for providing drug information to both patients and the practitioners working the gastroenterology and hepatology clinics. The role of a gastroenterology and hepatology pharmacist includes evaluating the appropriateness, effectiveness, and safety of drug therapy, evaluating the adherence to drug therapy, providing medication education to drug therapy, evaluating labs, development of treatment plans, protocols and making recommendations to the providers in the ambulatory setting.

The pharmacist will complete medication reconciliation on selected patients, identify and resolved problems, and provide recommendations through communication with the interprofessional team. You will have extensive one-on-one interaction with patients, providers, and ancillary staff. You will also have the opportunity to attend gastroenterology grand rounds on a weekly basis.

Journal clubs, topic discussions, drug therapy updates, and in-service presentations may be part of the rotation. The resident will discuss with the preceptor a variety of gastroenterology and hepatology related topics.

Expectation of the Resident:

The resident is expected to function in the role of the pharmacist by the end of the rotation. Upon completion of the rotation, the resident will have increased knowledge of the pathophysiology, diagnosis, and pharmacological treatment of gastroenterology disease states including: irritable bowel syndrome, inflammatory bowel disease, gastroesophageal reflux disease, eosinophilic esophagitis, motility disorders, hepatitis C, hepatitis B, and end stage liver disease. Residents are expected to be on time and prepared for clinic daily and assignments on their due date. Residents are expected to take personal ownership for reviewing the literature, preparing evidence-based recommendations, and following through on patient care issues each day.

Typical Daily Activities:**Anticipated schedule:**

Monday— GI Fellows clinic 0800-1500 OR Inflammatory Bowel Disease clinic 0730-1500 in Clinic 3; topic discussion PM

Tuesday— ECHO GI and Liver Care 0700-0830, Inflammatory Bowel Disease GI Clinic 0800-1600 in Clinic 3

Wednesday— General GI/Inflammatory Bowel Disease/Eosinophilic GI disease Clinic 0800-1500 in Clinic 3; topic discussion PM?

Thursday— Hepatitis C clinic 0800-1600 in Liver Clinic

Friday—Inflammatory Bowel Disease clinic 0800-1130 in Clinic 3; ECHO HCV clinic 1130-1300, Inflammatory Bowel Disease clinic PM in Clinic 3, topic discussion PM

Expected Progression:

Ambulatory Care

Day 1: Preceptor will orient resident to the unit, health care professionals, and workflow. Preceptor will review learning activities and expectations with resident

- Resident should come ready to discuss resident progress to date, areas of excellence and areas of improvement needed, and three goals for rotation
- The resident is expected to be punctual, professional, and prioritize daily activities with a focus on exceptional patient care.

Week 1:

- The expectation is that the resident will display professionalism towards all staff and patients
- The resident will staff the clinic with the pharmacist at first and progress to functioning independently during this rotation.
- The resident must prepare adequately for patient visits by reviewing pertinent gastroenterology/hepatology pharmacotherapy and disease states.
- After meeting with the patients, the resident will complete medication reconciliation, identify and resolve problems on assigned patients. (Number of assigned patients increases each week based on prior experience.)

Week 2:

- The resident will report all adverse drug events according to the University of Utah Hospital protocols.
- While in the clinic, the pharmacy resident will respond to any drug information requests from the providers.
- Demonstrate knowledge of current immunization practices and recommendations
- Interact appropriately with each patient and their family members, obtaining sufficient history to make patient-centered recommendations.
- Interact efficiently with the team to make recommendations on assigned patients
- Document recommendations in the chart with minimal errors

Week 3:

- Increase the complexity of medication problems the resident is able to identify using data from the patient and EMR.
- Design (or redesign) therapeutic regimens based on best evidence for each patient assigned.
- Document with few errors.

Week 4:

- The resident will analyze and assess information collected during chart review, patient interviews, and literature review to guide medication therapy.
- Collaborate effectively with team to ensure recommendations accurate and implemented.
- Be proactive in patient care activities while in clinic.
- Document independently and without errors by the final week.
- All presentations and project documents or revisions will be due no later than the next to the last day of residency.

***IF the resident is in the second clinical rotation of a type, expectations are moved up 1 week for all clinical activities. Expectations for projects and presentations will be that they will need fewer edits and will have better accuracy and focus for the stated audience.

RLS Goals and Objectives:

Goals and Objectives	Teaching Method(s)	Related Rotation Activities
<p>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.</p>		
<p>OBJ R1.1.1: Interact effectively with health care teams to manage patients' medication therapy. (Am Care I)</p>	<p>Modeling Coaching Facilitation</p>	<ul style="list-style-type: none"> Learner will effectively collaborate with the various gastroenterology and hepatology subspecialty teams to provide patient care.
<p>OBJ R1.1.2: Interact effectively with patients, family members, and caregivers. (Am Care I and II)</p>	<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"> Learner will conduct patient interviews (at least 80% of the designated provider) daily to determine adherence to and issues with current medication therapy. Learner will communicate (face-to-face, by phone, or written) with patients, providers, health care facilities, and pharmacies as needed to facilitate therapeutic plans. Learner will assist in teaching new starts for specialty drugs for Hepatitis C or inflammatory bowel disease.
<p>OBJ R1.1.3: Collect information on which to base safe and effective medication therapy. (Am Care I)</p>	<p><i>Customized based on resident's baseline skills and progression</i></p> <p>Direct instruction Modeling</p>	<ul style="list-style-type: none"> Learner will review all of the designated provider patient charts prior to daily visit. Learner will conduct patient interviews (at least 80% of the designated provider) daily to determine adherence to and issues with current medication therapy. Learner will review charts and the medical literature as needed to answer medication therapy questions.

Goals and Objectives	Teaching Method(s)	Related Rotation Activities
	Coaching Facilitation	
OBJ R1.1.4: Analyze and assess information on which to base safe and effective medication therapy. (Am Care II)	<i>Customized based on resident's baseline skills and progression</i> Direct instruction Modeling Coaching Facilitation	<ul style="list-style-type: none"> Learner will analyze and assess information collected during chart review, patient interviews, and literature review to guide medication therapy.
OBJ R1.1.5: Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans). (Am Care I and II)	<i>Customized based on resident's baseline skills and progression</i> Direct instruction Modeling Coaching Facilitation	<ul style="list-style-type: none"> Learner will formulate therapeutic plans for patients seen in clinic and as needed in response to questions by the patients or providers. Learner will discuss plans with the preceptor as needed. Learner will appropriately document patient encounters in the electronic health record.
OBJ R1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions. (Am Care II)	Modeling Coaching Facilitation	<ul style="list-style-type: none"> Learner will communicate (face-to-face, by phone, or written) with patients, providers, health care facilities, and pharmacies as needed to facilitate therapeutic plans. If all needs cannot be met for a patient, learner will take initiative to pass along information needed to take care of the patient.

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		<ul style="list-style-type: none"> Learner will appropriately document patient encounters in the electronic health record.
OBJ R1.1.7: Document direct patient care activities appropriately in the medical record or where appropriate. (Am Care I)	Direct instruction Modeling Coaching Facilitation	<ul style="list-style-type: none"> Learner will appropriately document patient encounters in the electronic health record which may include writing notes and updating patient information.
OBJ R1.1.8: Demonstrate responsibility to patients. (Am Care II)	Modeling Coaching Facilitation	<ul style="list-style-type: none"> Learner will ensure all activities are performed with patient-centered values. If all needs cannot be met for a patient, learner will take initiative to pass along information needed to take care of the patient. Learner will appropriately document patient encounters in the electronic health record.
Goal R1.2: Ensure continuity of care during patient transitions between care settings		
OBJ R1.2.1: Manage transitions of care effectively. (Am Care I)	Modeling Coaching Facilitation	<ul style="list-style-type: none"> When selecting patients to interview, learner will make those with a recent transition a priority. Learner will contact patients, providers, health care facilities, and pharmacies as needed to manage transitions. Learner will appropriately document patient encounters in the electronic health record.
Goal R3.1: Demonstrate leadership skills.		
OBJ R3.1.2: Apply a process of on-going self-evaluation and personal performance improvement. (Am Care I and II)	Coaching Facilitation	<ul style="list-style-type: none"> Learner will self-assess baseline gastroenterology and hepatology knowledge and ambulatory care experience prior to beginning rotation and communicate gaps to the preceptor. Learner will apply feedback to future patient and provider encounters. Learner will self-assess progress at the end of the rotation experience.
Goal R3.2: Demonstrate management skills.		
OBJ R3.2.4: Manages one's own practice effectively. (Am Care II)	Modeling Coaching Facilitation	<ul style="list-style-type: none"> Goal will be for learner to independently run the hepatitis C clinic, inflammatory bowel disease clinic, and general GI clinic by the last week of rotation.

Goals and Objectives	Teaching Method(s)	Related Rotation Activities
Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.		
OBJ R4.1.2: Use effective presentation and teaching skills to deliver education. (Am Care I and II)	Coaching Facilitation	<ul style="list-style-type: none"> • Learner will prepare and present a journal club, topic discussion, or in-service as needed to health care professionals. • Learner will provide medication or other education as needed to patients and providers. • Learner will assist in teaching the new starts for specialty drugs in hepatitis C and inflammatory bowel disease if it occurs during the course of the rotation.

Readings and Preparatory Work:

Resident will access a shared GI rotation specific Dropbox/BOX folder to access articles which will include the following:

- GERD/EoE guidelines
- AASLD/IDSA guidelines for the management of hepatitis C
- AASLD guidelines for the management of end-stage liver disease
- Inflammatory bowel disease guidelines

Evaluations: Evaluations will be documented in PharmAcademic™.

The resident will receive regular formative feedback related to patient care activities, patient education, and other activities.

A midpoint evaluation will be scheduled approximately at week 2 of the rotation. At the midpoint of the rotation, the preceptor will evaluate the resident.

A final summative evaluation will be completed at the end of the rotation. 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.