

**University of Utah Health**  
**PGY1 Residency**  
**Salt Lake City, UT**

**Rotation:** Geriatrics Clinic, Ambulatory Care I & II

**Rotation Preceptor:** Melissa D Green, PharmD, BCACP

**Duration:** 4 weeks

**Site Description**

The University of Utah Geriatric Clinic provides comprehensive primary care to older adults, including identification of support needed by family and/or the caregiver(s) of the patient. Physiologic, pharmacodynamic and psychosocial changes occur with aging. Chronic diseases become more common in older adults and evidence-based medicine will often indicate at least one medication for the majority of diseases. Older adults are at increased risk of polypharmacy and inappropriate use of medications.

The Geriatric Clinic is comprised of an interprofessional team including physicians, geriatric fellows, advanced-practice nurse practitioners, a pharmacist, an RN care manager, a licensed clinical social worker, nursing, medical assistants and guest relation specialists. Various clinic experiences may include, but are not limited to, home visits, pharmacy clinic, and interdisciplinary visits.

**Role of the Pharmacist**

The geriatric clinical pharmacist follows the patient care process to deliver comprehensive medication management (CMM) to assess each medication has an appropriate indication, is effective for the medical condition and achieving defined patient and/or clinical goals, is safe given the comorbidities and other medications being taken, and that the patient is able to take the medication as intended and adhere to the prescribed regimen. The clinical pharmacist utilizes the patient care process and CMM in the direct care of patients with chronic diseases to optimize medication therapy, with and without the use of collaborative practice agreements; to clarify and communicate medication changes made as a patient transitions from one care setting to another; in preparing for monthly care conferences for selected patients; and as indicated by need(s) identified by clinical pharmacy, our providers or care team.

In addition, pharmacists are available to physicians, fellows, clinic staff and learners during their patient appointments for consultation. Frequent consultations include 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.

**Rotation Description and Expectations of the Resident**

The resident will work as a member of the interdisciplinary team in the Geriatric Clinic. The resident will be responsible for identifying and resolving medication therapy problems for patients referred to clinical pharmacy, and will work towards providing independent care of the patients seen by clinical pharmacy via the use of multiple collaborative drug therapy management agreements. Patients are referred to clinical pharmacy 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.

Emphasis is placed on providing care for the entire patient vs a single clinical problem and identifying and aligning the care plan to the patient's goals of care. Comprehensive medication management and the use of the pharmacist patient care process is emphasized. Emphasis is also placed on development of drug information skills in the primary care setting.

The clinical pharmacist provides drug information to patients, providers and the care team in the Geriatric Clinic. The resident will be expected to participate in staff educational activities. 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.

**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)**

**Activities Taught and Evaluated**

Goals and Objectives	Teaching Method(s)	Related Rotation Activities
<b>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 care process.</b>		
<ul style="list-style-type: none"> <li>Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients’ medication therapy. <b>(Amb Care I)</b></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>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 and telephonic communication with patients regarding medication management</li> <li>Use of available drug information resources to gather data necessary to conduct 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> </ul>
<ul style="list-style-type: none"> <li>Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers. <b>(Amb Care I and II)</b></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. <b>(Amb Care I)</b></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. <b>(Amb Care II)</b></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). <b>(Amb Care I and II)</b></li> </ul>		
<ul style="list-style-type: none"> <li>Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and</li> </ul>		

Goals and Objectives	Teaching Method(s)	Related Rotation Activities
monitoring plans (care plans) by taking appropriate follow-up actions. <b>(Amb Care II)</b>		<ul style="list-style-type: none"> <li>Utilization of other care team members as appropriate via warm hand-off/or referral</li> <li>Communication with clinic providers regarding pharmacy recommendations or plans provided to patients utilizing CDTM protocols</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.  <b>(Amb Care I)</b></li> </ul>		
<ul style="list-style-type: none"> <li>Objective R1.1.8: (Applying) Demonstrate responsibility to patients.  <b>(Amb Care II)</b></li> </ul>		
<b>GOAL R1.2 Ensure continuity of care during patient transitions between care settings.</b>		
<ul style="list-style-type: none"> <li>Objective R1.2.1: (Applying) Manage transitions of care effectively.  <b>(Amb Care I)</b></li> </ul>	<i>Customized based on resident's baseline skills and progression</i>  Direct instruction Modeling Coaching Facilitation	<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>
<b>GOAL R3.1 Demonstrate leadership skills</b>		
<ul style="list-style-type: none"> <li>Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement  <b>(Amb Care I and II)</b></li> </ul>	Coaching Facilitation	<ul style="list-style-type: none"> <li>Self-assessment of baseline geriatric knowledge and ambulatory care experience prior to beginning rotation and communicate gaps to the preceptor</li> <li>Apply feedback to future patient and provider encounters</li> <li>Self-assess progress at the end of the rotation experience</li> </ul>
<b>GOAL R3.2 Demonstrate management skills</b>		
<ul style="list-style-type: none"> <li>Objective R3.2.4: (Applying) Manages one's own practice effectively  <b>(Amb Care I and II)</b></li> </ul>	Modeling Coaching Facilitation	<ul style="list-style-type: none"> <li>Goal will be for learner to independently run the Geriatric Clinic by the last week of rotation</li> </ul>
<b>GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public</b>		
<ul style="list-style-type: none"> <li>Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education  <b>(Amb Care I and II)</b></li> </ul>	Coaching Facilitation	<ul style="list-style-type: none"> <li>Prepare and present a journal club, case, or in-service to healthcare professionals as needed</li> <li>Medication or other education to providers and patients</li> <li>Utilize patient education to help patients reach their therapeutic goals</li> <li>Preparation of educational materials for clinic providers</li> </ul>

### Resident Expectations

- 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.
- The resident will report all adverse drug events according to the University of Utah Hospital protocols.
- The resident will present two staff education services during the course of the rotation which may include, but is not limited to, a journal club, a drug therapy update or in-service presentation. Expected to be 15-20 minutes, a power point is optional, but handout.

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

### **Preparation Prior to Rotation**

Become familiar with the University CDTM protocols for hypertension, dyslipidemia, anticoagulation, refills, therapeutic interchange, immunizations and diabetes.

### **Orientation**

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 Clinic Activities and Schedule**

The doors of the Madsen Health Center unlock at 6:30am and lock at 10pm; you may be in the building during this time as needed. See the schedule below for daily clinical pharmacy schedule, but additional time may be required to complete daily responsibilities and ensure best outcomes for the patient. The resident is expected to be punctual and prioritize daily activities. Residents are expected to answer questions and follow-up with providers regarding patients seen in clinic even when they are not physically on site.

### Geriatric Clinical Pharmacist and Clinic Schedule:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Clinical Pharmacy Hours</b>	7:30am to 3:30pm	8am to 6pm*	8am to 6pm	7:30am to 3:30pm	9am to 1pm 3 <sup>rd</sup> wk, 9am to 4pm
<b>1<sup>st</sup> Week</b>		<b>8am</b> Geriatric Grand Rounds			
<b>2<sup>nd</sup> Week</b>		<b>8am</b> Geriatric Conference: Research Update  <b>Care Conference Day</b> <b>11:30</b> Hueftle <b>12:00</b> New NP <b>12:30</b> Gottlieb <b>1:00</b> Supiano (q3mon) <b>1:45</b> Schlisman	<b>1-4:30pm</b> PPCS Staff Meeting (end of day)	<b>TBD</b> Farrell CC (q3mon)	
<b>3<sup>rd</sup> Week</b>		<b>8am</b> Geriatric Conference: Journal Club			<b>Care Conference Day</b> <b>11:30</b> Abueg <b>12:00</b> Fellows <b>12:30</b> Sanders <b>1:00</b> Deweese <b>1:45</b> Sorweid
<b>4<sup>th</sup> Week</b>		<b>8am</b> Geriatric Clinical Conference			
<b>5<sup>th</sup> Week (last week of the mon)</b>		<b>8am ±</b> Geriatric Grand Rounds			

CC = Care Conference

### 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.