

Neurology Clinic - Ambulatory Care I & II

Preceptors:

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Duration: 4 weeks

Description of Practice Site

This site is in the University's two ambulatory Neurology Clinics, located at the Clinical Neurosciences Center and the Imaging and Neurosciences Center. These clinics are staffed by physicians and mid-level providers who specialize in neurology. Sub-specialties differ between clinics, and residents will be offered the opportunity to be involved in all areas or focus based on areas of special interest. Subspecialties include: general neurology, neuromuscular disorders, epilepsy, stroke, headache, multiple sclerosis, movement disorders, and cognitive disorders. The clinical pharmacist staffs the clinic Monday through Friday during normal business hours. Patients seen in these clinics come from many different areas across Utah and out of state to seek this specialty care.

Role of the Pharmacist

The pharmacist provides services to all neurology patients and providers in clinic, as well as support to other members of the team such as nurses and medical assistants. These responsibilities include:

- Drug information questions from providers, staff, and patients
- Patient education for new medications
- Dose taper/titration schedules
- Medication review/reconciliation
- Telephone follow-up for therapy monitoring
- Patient population management.

Resident Expectations

The resident will staff the clinic with the pharmacist at first and progress to functioning independently during this rotation. This involves setting up and organizing treatment, monitoring, and education protocols. Involvement with this will depend on projects the pharmacist is currently involved with at time of rotation. The expectation is that the resident will display professionalism towards all staff and patients, and complete all patient care and project assignments during the rotation by the required deadline. If expectations are not met a plan for improvement will be drawn up with exact expectations that will be reviewed and signed by preceptor and resident. Adherence to the plan will be reviewed daily.

Expected Progression

First day

- On time, prepared, professional in word and dress, focused on patient care
- Bring appropriate materials to perform expected resident functions
- Know location of policies and resources for the rotation site
- Residents should be prepared to discuss prior experiences, their baseline strengths and areas needing improvement during the rotation as well as scheduling conflicts

Week 1

- The expectation is that the resident will display professionalism towards all staff and patients
- The resident will spend time each week staffing both specialty clinics (INC and CNC Neurology) with the pharmacist. The resident will present at least 2 patients to discuss with the preceptor daily.
- Select and present suitable topic discussion (eg, Multiple Sclerosis, Parkinson's disease)
- The resident must prepare adequately for patient visits by reviewing pertinent Neurology pharmacotherapy and disease states for each clinic population
- Demonstrate ability to start recognizing medication problems for clinic patients and discussing with preceptor

Week 2

- Select and present suitable topic discussion or journal club
- Identify a topic for the patient-focused materials longitudinal project
- Interact appropriately with each patient and their family members, obtaining sufficient history to make patient-centered recommendations.
- Demonstrate increased ability to recognize medication problems compared to first week
- Demonstrate ability to begin to recognize opportunities to improve transitions of care
- Discuss medication and transitions of care problems with the preceptor. Interact efficiently with the team to make recommendations on patients with medication or transition of care problems
- The resident will contact at least 2 patients per day (Number of assigned patients increases each week based on prior experience.) After visiting in clinic/calling/MyChart a patient, the resident will complete documentation in Epic, identify and resolve problems on assigned patients.

Week 3

- Select and present suitable topic discussion or journal club
- Become fully integrated into the clinical team
- The resident will analyze and assess information collected during chart review, patient interviews, and literature review to guide medication therapy.

- Increase the number and complexity of medication problems the resident is able to identify using data from the patient and EMR
- Discuss medication and transitions of care problems with the preceptor. Collaborate effectively with team to ensure recommendations accurate and implemented.
- The resident will contact at least 3 patients per day (Number of assigned patients increases each week based on prior experience.) After visiting in clinic/calling/MyChart a patient, the resident will complete documentation in Epic, identify and resolve problems on assigned patients.
- While in the clinic, the pharmacy resident will respond to the majority drug information requests from the providers.

Week 4

- Select and present suitable topic discussion or journal club
- Demonstrate knowledge and implement current immunization practices and recommendations
- Be sought by clinical team to participate in clinical work
- Be proactive in running the work in clinic
- Complete and present to preceptors patient-focused longitudinal project
- Continue to increase the number and complexity of medication problems the resident is able to identify using data from the patient and EMR
- Demonstrate ability to recognize and capitalize on all opportunities to improve transitions of care
- Discuss new medication and transitions of care problems with the preceptor. Collaborate effectively with team to ensure recommendations accurate and implemented.
- The resident will contact at least 4 patients per day (Number of assigned patients increases each week based on prior experience.) After visiting in clinic/calling/MyChart a patient, the resident will complete documentation in Epic, identify and resolve problems on assigned patients.
- While in the clinic, the pharmacy resident will respond to all drug information requests from the providers.

- **Readings and Preparatory Work:**

The resident will have access to review articles and/or practice guidelines relating to the neurologic disease states commonly encountered during the rotation on the H:Drive/RxPharmacists/Neurology/Ambulatory Neurology. These could include:

- Headache/migraine
- Multiple Sclerosis
- Parkinson's Disease/movement disorders
- Dementia/cognitive disorders
- Amyotrophic Lateral Sclerosis
- Myasthenia Gravis/neuromuscular disorders
- Stroke

- Neuropathy
- Seizure disorders

The resident will be expected to complete these and/or other readings in preparation for topic discussions and patient care activities. The resident is also expected to seek out other guidelines, references, review articles on the above topics on their own to be able to answer questions from patients and providers. Other topics may be assigned at the preceptor's discretion.

Project Descriptions:

- **Topic discussion:** Topic discussions will occur twice a week. Some topics will be assigned by preceptor and others can be chosen by residents. The topic discussions will include a brief background on disease state, medications used to treat, monitoring etc... These discussions are informal but require a handout.
- **Journal club:** One journal club will be required during the rotation; this will take the place of one topic discussion. Journal club presentations should include a thorough evaluation of a published clinical trial and any implications the results should have on pharmacy practice. The topic will be a neurology topic of resident's choice. This is informal but requires a handout.
- **Patient-focused materials:** The resident will be required to prepare one patient-focused material, such as an information/education handout; others may be assigned depending on time and need. The topic will be determined by the preceptor depending on clinic need and resident interest. This project can be incorporated into the electronic medication record, EPIC, or can be a separate word document.
- **Project (optional):** The resident may be involved with any ongoing projects the preceptor is currently working on. These might include medication therapy/monitoring protocols, global patient management, standardization of treatment etc...These will be assigned dependent on preceptor and clinic need, as well as time commitment.

Schedule of Activities

- The resident is expected to be in clinic Monday through Friday approximately 8:00am-5:00pm.
- Project time or staffing time needed will be determined individually based on resident need.
- The resident should attend Neurology Department Grand Rounds. They are presented on Wednesday mornings at 9:00 AM on the first floor of the CNC building.
- The resident can choose to attend Pharmacy Grand Rounds as time permits. They are presented on Wednesday afternoons in the pharmacy conference room.
- The journal club will be due during the second week of rotation and the patient handout will be due the fourth week of rotation. The exact dates will be determined during the first week of rotation.

- Topic discussions will occur twice a week usually on Wednesdays and Fridays. Exact days may change depending on clinic schedule.
- The project (if assigned) will be due during the last week of rotation.

Evaluations

The resident will receive regular feedback each week regarding their performance. A midpoint evaluation will be done to elicit discussion about performance to date. A formal summative evaluation will be done on the last day of rotation and submitted to PharmAcademic.

RLS Goals

Ambulatory Care 1

- 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.
- GOAL R1.2 Ensure continuity of care during patient transitions between care settings.
- GOAL R3.1 Demonstrate leadership skills
- GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.

Ambulatory Care 2

- 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.
- GOAL R3.1 Demonstrate leadership skills
- GOAL R3.2 Demonstrate management skills
- GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)

Activities Evaluated:

Ambulatory Care 1

Objective Number (Level of Learning Required) & Description	Methods	Rotation Activities
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		

Objective Number (Level of Learning Required) & Description	Methods	Rotation Activities
medications following a consistent patient care process.		
Objective R1.1.1: Interact effectively with health care teams to manage patients' medication therapy	Instruction, Modeling, Coaching and Facilitation	<p>Identify medication-related problems through patient clinic interactions (in person and telephonic patient visits) and medication reviews and communicate recommendations for modifying drug therapy directly to the provider on a daily basis.</p> <p>Develop working relationships with providers and staff in the clinic by serving as a drug information resource and an additional provider and point of access for patients.</p>
Objective R1.1.2 Interact effectively with patients, family members, and caregivers	Instruction, Modeling, Coaching and Facilitation	<p>Patient interactions to review medications and collect information to develop recommendations (in person, by telephone, or via MyChart). Keeping in mind communication barriers often seen in neurological conditions</p> <p>Design of therapeutic regimens will consist of appropriately collecting and reviewing all patient information to develop a realistic plan in collaboration with the patient and health care team.</p>
Objective R1.1.3 Collect information on which to base safe and effective medication therapy	Modeling, Coaching and Facilitation	Activities include reviewing patient medications, treatment efficacy, side effects, and adherence relevant to the patient, through chart review and direct patient interaction.
Objective 1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)	Instruction, Modeling, Coaching and Facilitation	Management of patients including medication selection, dose adjustments including titration and taper schedules, recommending monitoring schedules and providing education for patients.
Objective R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate	Instruction, Modeling, Coaching and Facilitation	<p>Documentation all of patient care activities and interactions will be provided in the electronic medical record for all pharmacist-patient interactions. Documentation will include pertinent information and will be forwarded to the appropriate health care professionals verbally or electronically in a timely manner. Types of documentation will be discussed.</p>
GOAL R1.2 Ensure continuity of care during patient transitions between care settings.		
Objective R1.2.1: (Applying) Manage transitions of care effectively.	Modeling, Coaching and Facilitation	After meeting with patients during clinic appointments or by telephone, pertinent information will be relayed securely to all involved parties (eg, Thrombosis service, clinic pharmacist, etc) verbally or through the electronic medical record.
GOAL R3.1 Demonstrate leadership skills		
Objective R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement	Coaching and Facilitation	Feedback will be provided to the resident on a daily to weekly basis as appropriate. The

Objective Number (Level of Learning Required) & Description	Methods	Rotation Activities
		resident will be expected to be able to self-assess and engage in feedback discussions.
GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.		
Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.	Coaching and Facilitation	Education on medications and disease states (e.g. prednisone education, meds to avoid in myasthenia gravis, etc) may be provided to patients in clinic as they arise and will be in the form of verbal and written communication.

Ambulatory Care 2

Objective Number (Level of Learning Required) & Description	Methods	Rotation Activities
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 R1.1.2 Interact effectively with patients, family members, and caregivers	Instruction, Modeling, Coaching and Facilitation	<p>Patient interactions to review medications and collect information to develop recommendations (in person, by telephone, or via MyChart).</p> <p>Design of therapeutic regimens will consist of appropriately collecting and reviewing all patient information to develop a realistic plan in collaboration with the patient and health care team.</p>
Objective R1.1.4 Analyze and assess information on which to base safe and effective medication therapy	Coaching and Facilitation	<p>Patient interactions to review medications and collect information to develop recommendations (in person, by telephone, or via MyChart).</p> <p>Address drug information questions that arise in clinic on a daily basis through review of primary literature and evidence-based recommendations.</p>
Objective R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)	Modeling, Coaching and Facilitation	Management of patients including medication selection, dose adjustments including titration and taper schedules, recommending monitoring schedules and providing education for patients.
Objective R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions	Coaching and Facilitation	Plans for patients will include monitoring for safety and efficacy as well as a timeline and action plan for follow up. Resident will utilize action plan to ensure therapy monitoring is completed.
Objective R1.1.8 Demonstrate responsibility to patients	Modeling, Coaching and Facilitation	Medication changes will be monitored to ensure safety and efficacy. Developing relationships with patients seen in clinic will take into account patient preferences in the decision-making process and forms of communication.
GOAL R3.1 Demonstrate leadership skills		

Objective Number (Level of Learning Required) & Description	Methods	Rotation Activities
Objective R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement	Coaching and Facilitation	Feedback will be provided to the resident on a daily to weekly basis as appropriate. The resident will be expected to be able to self-assess and engage in feedback discussions.
GOAL R3.2 Demonstrate management skills		
Objective R3.2.4 Manages one's own practice effectively	Modeling, Coaching and Facilitation	Residents will be expected to work towards autonomy by the second half of the learning experience. Develop skills in time management to complete daily activities and address needs of the clinic.
GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)		
Objective R4.1.2 Use effective presentation and teaching skills to deliver education	Coaching and Facilitation	Education on medications and disease states (e.g. prednisone education, meds to avoid in myasthenia gravis, etc) may be provided to patients in clinic as they arise and will be in the form of verbal and written communication.