

# University of Utah Health: PGY1 Residency Program

## Salt Lake City, Utah

**Rotation Name:** Gastroenterology/Rheumatology Clinic

**Preceptor:** Kami Roake, Pharm.D.

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**Duration:** 4 weeks

### Site Description:

The resident will spend 3 days per week in the gastroenterology clinic which serves patients with various disease states including inflammatory bowel disease (IBD), eosinophilic esophagitis, gastroesophageal reflux, IBS, motility dysfunction, and other general GI issues. The resident will spend 2 days per week in the rheumatology clinic which serves patients with rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, lupus (SLE), glucocorticoid-induced osteoporosis, and gout. Both specialty clinics are located on the first floor of University Hospital, and serve patients across the greater Utah valley and surrounding states. Patients range from young adults transitioning to adult care to geriatric patients. The interprofessional team includes attending gastroenterologist and rheumatologist, gastroenterology and rheumatology fellows, advanced practice clinicians, medical assistants, nurses, and a social worker.

### Facility Description:

The Gastroenterology Clinic and Rheumatology Clinic are located on the 1<sup>st</sup> floor of the University of Utah Hospital. Space is limited within the clinics, please be understanding. We have 2 small break rooms with refrigerators, microwaves, a water/ice dispenser, and a sink.

### Role of the Pharmacist:

The clinical pharmacist is responsible for providing drug information to both patients and the practitioners working the gastroenterology and rheumatology clinics. The role of the pharmacist includes evaluating the appropriateness, effectiveness, and safety of drug therapy, evaluating adherence to drug therapy, providing medication education, evaluating labs, developing treatment plans, protocols and making recommendations to the providers in the ambulatory setting. The pharmacist completes medication reconciliation on selected patients, identifies and resolves problems, and provides recommendations through communication with the interprofessional team.

### Rotation Description:

Residents are expected to function in the role of the clinic pharmacist by the end of the rotation. Residents will have extensive one-on-one interaction with patients, providers, and ancillary staff. Residents will also have the opportunity to attend gastroenterology and rheumatology grand rounds on a weekly basis. Journal clubs, topic discussions, drug therapy updates, and in-service presentations will be part of the rotation. The resident will discuss with the preceptor a variety of gastroenterology and rheumatology related topics.

The day to day activities include medication review and reconciliation, evaluating drug regimens, optimizing drug therapy and adherence, drug therapy monitoring, medication education, disease state education, and answering drug information questions for patients, providers, and other healthcare professionals. See project section for additional rotation activities.

### Anticipated Weekly Schedule: (Monday-Friday) \*indicates optional meeting/conference

Monday	Tuesday	Wednesday	Thursday	Friday
<b>0800-1600:</b> Rheumatology Clinic	<b>0700-0830:</b> Rheumatology Fellows topic discussion or GI & Liver Care ECHO  <b>0800-1700:</b> Gastroenterology Clinic	<b>0730-0900:</b> Rheumatology Conference or Topic discussion  <b>0900-1700:</b> Rheumatology Clinic	<b>0730-1600:</b> IBD in Clinic 3  <b>1600-1700:</b> GI conference  <b>1700-1800:</b> *IBD conference	<b>0730-1600:</b> IBD in Clinic 3  <b>1130-1300:</b> *HCV ECHO  Topic Discussion PM

*Clinic times may vary depending on patient load and complexity of patients. You may be in clinic after 1700 some days or leave earlier some days. You may be required to work on projects at home after hours.*

**Expectations of the Resident:**

1. Demonstrate knowledge of common medical conditions encountered in the gastroenterology and rheumatology clinics
2. Demonstrate knowledge of current immunization practices and recommendations
3. Complete thorough medication histories and be able to communicate this information with providers efficiently and effectively
4. Monitor patients' drug therapy for efficacy and safety
5. Make evidence-based treatment recommendations for each assigned patient
6. Document pharmacy activities and medication histories in a progress note clearly and concisely
7. Identify, assess, evaluate and report adverse drug reactions and interactions

**Expected Progression:**

Day 1: The preceptor will orient the resident to the facility, healthcare team, & clinic workflow. Learning activities, projects, and expectation will be reviewed with the resident.

- The resident should be prepared to discuss current residency progress and three goals for their learning progress pertaining to the rotation.
- The resident is expected to be professional, punctual, and prioritize daily activities with a focus on patient care.

**Week 1:**

- The resident is expected to be able to communicate clearly and professionally with patients and the healthcare team
- Prepare adequately for patient visits by reviewing the pertinent gastroenterology/rheumatology disease states along with pertinent chart information.
- The resident will staff clinic visits with the pharmacist initially and progress to independent functioning during the rotation.
- Complete medication reconciliation, identify and resolve problems related to assigned patients. (Patient load will increase each week and will be based on rotation performance and past experience.)
- Interact appropriately with patients and their family members

**Week 2:**

- The resident will respond to clinic drug information requests from the healthcare team.
- Demonstrate knowledge of current immunization practices and recommendations according to guidelines, the CDC, and ACIP.
- Document assessments and recommendations in the chart with minimal errors.
- Obtain sufficient history and information from patients and their family to make patient-centered recommendations.
- Reports adverse drug events according to University of Utah Hospitals & Clinics protocols.
- Identify key drug monitoring and drug-drug interactions.
- Assess therapeutic response to drug treatment utilizing patient interviews, chart reviews, and guidelines/literature.

**Week 3:**

- Increase ability to identify more complex medication problems using information from the patient and the chart review.
- Design therapeutic regimens based on best evidence for each assigned patient.
- Documentation should continue to have decreased errors.
- Increase efficiency of working up and documenting in the chart for assigned patients.
- Topic discussion and patient cases should progress in depth.
- The resident should start to predict questions from providers and potential medication issues/barriers.
- Address key drug monitoring and drug-drug interactions with patients and providers

**Week 4:**

- Documentation should be succinct with little to no errors.
- Be able to work independently and efficiently
- Analyze, assess and formulate a plan based on chart information, literature, and patient interviews.
- Identify and address drug-drug interactions with patients and providers.
- Recommend appropriate drug monitoring

\*\*IF this is later in the year and or second ambulatory care rotation clinical expectations are moved up by a half to 1 full week. The resident is expected to be able to handle an increased patient load, have few edits to topic discussions/patient cases and chart notes, and have more specific recommendations.

**RLS Goals and Objectives:**

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)**

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

Rotation Activity	Teaching Methods	Objective
Conduct 3-10 patient interviews per day to determine current drug therapy and relevant medication history.	Modeling Coaching Facilitating	R1.1.3 R1.1.8
Evaluate medication therapy and identify medication-related problems on all patients interviewed in the clinic. Communicate recommendations for modifying drug therapy directly to the provider.	Instruction Modeling Coaching Facilitating	R1.1.4 R1.1.5 R1.2.1
Respond to drug information questions from providers and patients in the gastroenterology and rheumatology clinic.	Instruction Modeling Coaching Facilitating	R1.1.2 R1.1.8
Participate in the IBD Clinic team by providing medication information and education to the patients and providers and to ensure patient has access to drug therapy and has implemented recommendations from previous encounters.	Modeling Coaching Facilitating	R1.1.1 R1.1.2 R1.1.6
Document all patient interventions and medication reviews.	Coaching Facilitating	R1.1.7
Provide patient education on the various drug treatments and design patient education handouts as needed.	Modeling Coaching Facilitating	R1.1.2 R4.1.2 R1.1.8
Lead topic discussion and journal club	Coaching Facilitating	R4.1.2
Attend weekly GI & rheumatology conferences if applicable. Self-reflect throughout the rotation to ensure goals are being obtained	Coaching Facilitating	R3.1.2
Complete a GI or rheumatology related in service and relevant clinic project as needed	Coaching Facilitating	R4.1.2
Use and incorporate feedback from preceptors to continuously improve patient care activities (communication, documentation)	Coaching	R3.1.2

**Rotation Topics:**

- Inflammatory Bowel Disease (IBD)
- Eosinophilic Esophagitis (EoE)
- GERD
- Irritable Bowel Syndrome (IBS)
- Rheumatoid Arthritis
- Gout
- Systemic Lupus Erythematosus
- Psoriatic Arthritis
- Ankylosing Spondylitis
- Glucocorticoid induced osteoporosis

**Readings and Preparatory Work:**

- Inflammatory Bowel Disease guidelines (AGA & ACG)
- GERD/EoE guidelines
- ACR rheumatoid arthritis, glucocorticoid-induced osteoporosis, psoriatic arthritis, & gout guidelines
- Rheumatology Secrets Systemic Lupus Erythematosus chapter

**Project/Presentations:**

- Prepare and present one 15-20 minute in-service to clinic personnel or providers or complete 1 major rotation project (i.e. patient education handout)
- Prepare and give 3 informal and 1 formal patient case presentations weekly
- Prepare and give 1-2 formal journal clubs or topic presentations per week
- Prepare projects for clinic as the need arises

**Evaluations:** Evaluations will be documented in PharmAcademic™.

At the midpoint of the rotation, the preceptor will evaluate the resident. At the end of the rotation, the resident will self-evaluate, the preceptor will evaluate the resident, and the resident will evaluate both the preceptor and the learning experience. A final summative evaluation will be completed at the end of the rotation.

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