

University of Utah PGY-1 Pharmacy Practice
Primary Care: Ambulatory I & II Rotation – Longitudinal
Salt Lake City, Utah

Primary Preceptors:

- Redwood Health Center – Macheala Jacquez, PharmD, BCACP; Megan Lowe, PharmD, BCACP; Jenni Buu, PharmD, BCACP
- Greenwood Health Center – Mary D Kuzel, PharmD, BCACP, AE-C; G. Benjamin Berrett, PharmD, BCPS, BC-ADM
- South Jordan Health Center – Eve VanWagoner, PharmD, BCACP; Kelsee Wride, PharmD

Duration: 12 months

Site Description:

The Redwood Health Center Pharmacy is a high volume (approximately 600 prescriptions per day) pharmacy that primarily serves a diverse patient population and employees of the University of Utah Health System.

The Greenwood Health Center offers a full range of medical services including primary care, urgent care, dental, and physical therapy. The Greenwood Health Center serves approximately 300 patients/day. The Greenwood Health Center Pharmacy is a moderately high volume (approximately 350 prescriptions per day) pharmacy that primarily serves a diverse patient population and employees of the University of Utah Health System.

The South Jordan Health Center offers a full range of medical services including primary care, specialty care, infusion, emergency services, and outpatient surgery. The South Jordan Health Center Pharmacy is a moderate volume (approximately 400 prescriptions per day) pharmacy that primarily services the patients and employees of the University of Utah Healthcare System.

Learning Experience Description:

The resident will be oriented to the operations of the pharmacy primary care services (PPCS) at the rotation site. The resident will be involved in the provision of comprehensive medication management as well as patient-centered services via the use of multiple collaborative practice agreements including, but not limited to, diabetes, hypertension, hyperlipidemia, asthma, and smoking cessation. The resident will actively manage chronic disease states and communicate this care with the patient and the other healthcare providers. Throughout this experience, the resident will be in contact with physicians, nurses, social workers, medical assistants and other clinical pharmacists. Throughout this experience, the resident will be in contact with physicians, nurses, care managers, social workers, medical assistants and other clinical pharmacists.

Role of the Pharmacist:

Clinical pharmacists work to provide comprehensive medication management for patients seen within the clinic. This can involve identification and resolution of medication-related problems and taking responsibility for medication-related outcomes of the patients served.

Typical Daily Activities/Resident Expectations:

The resident will manage their sites primary care clinic every 2nd and 4th week of rotation (3rd and 5th if in a 5 week rotation). The resident is expected to work toward developing autonomy in managing this service and will be viewed as a team member from the start of the rotation. While in clinic, the resident will be responsible for all of the duties associated with the Pharmacy Primary Care Services including preparing for patient visits, conducting patient visits, documenting patient encounters, coordinating follow-up, responding to drug information questions from providers and clinic team members and participation in high risk patient care conferences.

Rotation Progression:

Day 1: The resident is expected to be familiar with the Drug Information Resource Center for resources available while staffing- <https://pulse.utah.edu/site/dirc/Pages/Home.aspx>. On the first day the resident will be oriented to the rotation learning description daily activities and rotation expectations will be discussed and the resident will have time to ask any questions. The resident will have already had a concentrated rotation and should know how to navigate clinical services and be prepared to start seeing patients.

Quarter 1: The resident will work closely with a community pharmacist learning all aspects of running clinical services within the community pharmacist. Prior to becoming autonomous and within the first 2 months the resident is expected to experience and understand all items on the clinical pharmacy checklist (below).

Quarter 2: By the second quarter the resident should be able to staff autonomously within the clinical pharmacy ensuring all tasks are being achieved.

Quarter 3: This third quarter the resident will be evaluated on the ability to direct the flow of the pharmacy and delegate responsibilities so the flow will be more efficient. As efficiency improves it is expected that the resident focus on building relationships with providers and searching out clinical experiences they might not be as comfortable with as well as providing quality patient care.

Quarter 4: By the end of the fourth quarter the resident should be seamless within the flow of the clinical pharmacy. The resident will direct the flow of the pharmacy and be a go to person for providers with medication questions, and a valuable resource for all patients and staff.

RLS Objectives:

The goals selected to be taught and evaluated during this learning experience include:

Ambulatory Care I

R1.1.1 Interact effectively with health care teams to manage patients' medication therapy

R1.1.2 Interact effectively with patients, family members, and caregivers

R1.1.3 Collect information on which to base safe and effective medication therapy

R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)

R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate

R1.2.1 Manage transitions of care effectively

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

R4.1.2 Use effective presentation and teaching skills to deliver education

Ambulatory Care II

R1.1.2 Interact effectively with patients, family members, and caregivers

R1.1.4 Analyze and assess information on which to base safe and effective medication therapy

R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)

R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions

R1.1.8 Demonstrate responsibility to patients

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

R3.2.4 Manages one's own practice effectively

R4.1.2 Use effective presentation and teaching skills to deliver education

Activities Evaluated:

Ambulatory Care I

Objective Number & Description	Teaching Methods	Rotation Activities
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		
OBJ R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.	Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> • Receive referrals from clinic providers for chronic disease state management, education, medication reconciliation, etc. in order to assist providers and enhance patient care. • Attend high risk care conferences for all clinic providers along with nursing, social work and care managers to develop an interdisciplinary plan for high risk patients.
OBJ R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.	Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> • Interact with many different types of patients, family members, home health nurses and interpreters through office visits, telephone and electronic follow-up.
OBJ R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.	Direct instruction, Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> • Patients scheduled for clinical pharmacy visits will be worked up and presented on a daily basis in clinic. Emphasis will be placed on efficiently and accurately interviewing the patient during the visit in order to ascertain patient-specific information.

OBJ R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> The resident will have multiple opportunities to design care plans for new referrals during initial office visits (avg 2-3 daily) and redesign plans during patient follow up (avg 2-3 in person and 15-20 over the phone daily). Monitor patient's therapy with each interaction including goals and pertinent labs.
OBJ R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> Patient visits will be documented in Epic using the clinical pharmacy ambulatory care smart text note. Follow-up calls will also be documented in Epic as telephone encounters. Documentation will be routed to referring provider in a timely manner. Maintain follow-up schedule on patient task list in Outlook.
R1.2 Ensure continuity of care during patient transitions between care settings		
OBJ R1.2.1 (Applying) Manage transitions of care effectively		<ul style="list-style-type: none"> Participate in transitions of care calls daily for patient's recently discharged from the UofU Health Hospital
R3.1 Demonstrate leadership skills		
OBJ R3.1.2 (Applying) Apply a process of on-going self-evaluation and personal performance improvement	Direct instruction, Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> Daily informal debriefs to guide the resident's self-evaluation of what went well and what can be improved on going forward. Residents will be given feedback on patient interactions, provider interactions and formal presentations throughout the rotation.
R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)		
OBJ R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education	Direct instruction, Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> Develop the ability to create individualized patient education taking into account diverse cultural factors. Education will include goals of therapy, basic pathophysiology, therapeutic life style changes, understanding medications, compliance and any other disease state specific information. Resident will be assigned a presentation (in-service, patient case, journal club, etc.) to give to pharmacy staff.

Ambulatory Care II

Objective Number & Description	Teaching Methods	Rotation Activities
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		
OBJ R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.	Modeling, Coaching and Facilitation	<ul style="list-style-type: none"> Interact with many different types of patients, family members, home health nurses and interpreters through office visits, telephone and electronic follow-up.

OBJ R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> • Work ups will be presented on a daily basis. Analysis and discussion of the patient work ups including disease state, medication, labs, goals and education in order to determine appropriateness, effectiveness and safety of the patient care plan. Therapeutic plans and recommendations will be based on current guidelines and best practices. Plans and recommendations will be individualized according to patient needs.
OBJ R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> • The resident will have multiple opportunities to design care plans for new referrals during initial office visits (avg 2-3 daily) and redesign plans during patient follow up (avg 2-3 in person and 15-20 over the phone daily). • Monitor patient's therapy with each interaction including goals and pertinent labs.
OBJ R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> • Patient care plans and monitoring will be followed up in person when necessary or by telephone or electronic (email, MyChart) means. Time to follow up will be determined individually at each interaction.
OBJ R1.1.8: (Applying) Demonstrate responsibility to patients.	Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> • Provide the patient with an individualized plan including patient goals. Review plan with patient and ensure understanding. Provide education appropriate for the patient and their unique needs. Recognize the importance of following up with patient in a timely manner.
R3.1 Demonstrate leadership skills		
OBJ R3.1.2 (Applying) Apply a process of on-going self-evaluation and personal performance improvement	Direct instruction, Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> • Daily informal debriefs to guide the resident's self-evaluation of what went well and what can be improved on going forward. • Residents will be given feedback on patient interactions, provider interactions and formal presentations throughout the rotation.
R3.2 Demonstrate management skills		
OBJ R3.2.4 (Applying) Manages one's own practice effectively	Modeling, Coaching, Facilitation	<ul style="list-style-type: none"> • By the end of the rotation the resident should feel comfortable managing the patient load for any given day. This includes patients scheduled for clinical pharmacy visits, telephone follow-up and managing the technician and flow.
R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)		
OBJ R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education	Direct instruction, Modeling,	<ul style="list-style-type: none"> • Develop the ability to create individualized patient education taking into account diverse cultural factors. Education will include goals of

	Coaching, Facilitation	therapy, basic pathophysiology, therapeutic life style changes, understanding medications, compliance and any other disease state specific information. <ul style="list-style-type: none"> Resident will be assigned a presentation (in-service, patient case, journal club, etc.) to give to pharmacy staff.
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Preparatory Work/Resources:

Be familiar with the common disease states found in primary care. These include, but are not limited to, diabetes, hyperlipidemia, hypertension, asthma and smoking cessation.

- 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). *JAMA*. 2014; 311(5):507-520. doi:10.1001/jama.2013.284427. . On the web at: <http://jama.jamanetwork.com/article.aspx?articleid=1791497>
- National Asthma Education and Prevention Program Expert Panel Report 3: guidelines for the diagnosis and management of asthma. NIH Publication Number 08-5846. October 2007. On the web at: <http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm>
- Standards of Medical Care in Diabetes—2018. *Diabetes Care*. January 2018 an; 41 (Supplement 1): S3. On the web at: <https://diabetesed.net/wp-content/uploads/2017/12/2018-ADA-Standards-of-Care.pdf>
- 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. On the web at: <https://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.full.pdf>

Evaluations:

The resident will receive regular formative feedback related to patient care activities, patient education, and other activities. This will ensure that progress is made each day in clinic. A midpoint evaluation will be scheduled after 2 weeks of rotation and a final summative evaluation will be completed at the end of the rotation in PharmAcademic.

Achieved Definition:

1. Competently and safely care for patients at a level acceptable for all pharmacists in the University system.
2. Present patients in a logical and succinct order and understand the priorities of pharmaceutical needs.
3. Serves as a valuable resource for the healthcare team.
4. Gives timely responses that are clear and appropriate for audience understanding.
5. Demonstrates an advanced level of problem solving skills. Demonstrating knowledge, and proper use, of all available resources.

6. Able to autonomously identify and prioritize current tasks as well as upcoming deadlines.
7. Appropriately balance time between work tasks, personal life, projects, and learning opportunities in order to complete all requirements, while continuing to increase knowledge and skills.
8. Through actions demonstrates reliability, responsibility, and trustworthiness on a level that would be desirable for employment.
9. Helps to create an amiable, productive work environment.

Clinic Orientation checklist

- Overview/tour of clinic
- Provider introductions
- Amb care note
- Telephone encounters
- Immunization documentation
- VIS/Consent forms
- Referral queue
- i-Vents
- Dot phrases – where to find/share/steal
- Presenting a patient – be prepared to present all patients at the beginning of the day
- Set up Outlook/task list
- Interpreting services
- iPad
- Phone
- Vocera
- Scheduling an appointment
- Checking in an appointment