

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

Rotation Name:

Community Clinics (PAC3), Transitions of Care

Preceptors:

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Duration: 4 weeks

Site Description:

This ambulatory care rotation is based at the Pharmacy Ambulatory Clinical Care Center (PAC3) associated with University of Utah Health and the University of Utah Health Community Clinics, located in Murray (with opportunities to practice at the South Jordan Health Center if requested). PAC3 is a team of pharmacists and pharmacy technicians who deliver high quality centralized pharmacy services to the health care system, including primary care providers in the Community Clinics.

Rotation Description:

This 4-week rotation focuses on patient transitions of care, specifically from the hospital to home. PAC3 provides transition services to adult patients upon discharge from the University Hospital. Patients are particularly vulnerable to medication problems and confusion after discharge from the hospital. PAC3 provides transition services to > 200 patients each month, with numerous meaningful and valuable interventions each day, which makes this practice site incredibly rewarding. Residents are expected to function as a clinical pharmacist on the PAC3 team and critically evaluate patient records for issues that may lead to a patient readmission. Each patient is unique and a variety of issues will arise including patients who do not pick up discharge medications, patients with duplicate therapies, patients who experience adverse effects after discharge, and patients who have a simple medication list but can still benefit from interaction with a clinical pharmacist. Residents will work up and call their own patients daily. Based on the interests of the resident, this rotation will be individualized and can focus on specific disease states or medication classes, or can offer experience precepting APPE students if desired and students are available.

Role of the Pharmacist:

Work collaboratively with the Community Nursing group, clinic pharmacists, or other specialists to reach out to recently discharged patients and help identify, prevent, or manage medication issues that occur when patients transition from inpatient to outpatient care. The pharmacist will review the patient's chart in the electronic medical record, review both admission and discharge medication reconciliations, assess for medication discrepancies, reconcile medications if necessary, identify and address acute medication related issues, and perform other tasks as indicated based on individual patient characteristics.

Expectations of the Resident:

Residents on the Transitions of Care rotation work up their own patients in parallel to the primary Transitions of Care pharmacist. Residents are expected to communicate clearly with patients and providers, to think critically, and problem solve to provide the best care possible to our patients. Residents will review clinical documentation, create a patient specific note in Epic with clinical recommendations, place orders if necessary, interact with other clinical pharmacy or provider teams if necessary, and contact patients to provide additional counseling. Residents may be on rotation at the same time as pharmacy student learners and there is an opportunity to precept more junior learners if desired.

Residents will be provided with specific instruction, an accessible preceptor, as well as their own work station. By the end of the rotation, the resident is expected to be able to perform pharmacist-level work and function independently to work up more than 7 patients per day.

Rotation Assignment Summary:

1. Review patient charts for medication-related changes or issues after hospital discharge and intervene where appropriate to prevent problems and keep patients from harm.
2. Identify medication related issues or problems and appropriately intervene and counsel patients about these issues.
3. Interact and effectively communicate with patients, pharmacists and health care providers.
4. In-service: present a 20 minute informal in-service to pharmacists and pharmacy technicians (if available) on a topic chosen during the rotation.
5. Weekly short literature projects (Journal Club, topic discussions, evidence in action, or other short literature projects) as defined by rotation site preceptor.
6. Precept pharmacy students on rotation if applicable.

Expected Progression:

First Day:

- Orientation with preceptor(s). Discussion of learning activities and expectations.
 - o Residents are expected to be reliable, punctual, and motivated. They should set an excellent example for other staff, including technicians and pharmacists, and learners.
 - o Residents will be held to the pharmacy department dress code. For our practice site, this includes ties for men.
 - o Residents must inform preceptors of anticipated absences or external requirements.
- Learn about the overall PAC3 transitions process.
 - o Learn to identify patients to work up, shadow preceptor in preparing patient notes, and practice making 1 to 2 patient notes.
- Meet PAC3 clinical staff and APPE students.

Recurring Activities:

- Attend weekly PAC3 pharmacist meetings and other meetings as invited by preceptor.
- Participate in:
 - o Topic discussions.
 - o Journal clubs.
 - o Preparing a short literature project if applicable.
 - o Completing other activities with other learners on rotation.
- Answer drug information questions.
- Follow-up on

Week 1:

- Work up 3 to 4 (or more) patients per day.
- Present patients to preceptor daily.
- Present a topic discussion.
- Clearly document a summary note and any clinical recommendations in the medical record.
- After reviewing with preceptor, develop a plan and contact patients as appropriate based on clinical status, questions, and identified risk factors for medication issues.

Week 2:

- Work up 4 to 5 (or more) patients per day.
- Prepare and present a journal club presentation.
- Continue to present patients to preceptor daily and document appropriately in the medical record.
- Develop plans for contacting patients independently (still review with preceptors if there are questions to be addressed or recommendations to stop medications or seek medical attention).
- Begin to review APPE student documentation for accuracy and provide feedback in conjunction with preceptor if applicable (if APPEs are on rotation and resident would like to practice precepting).
- Midpoint evaluation with preceptor.

Week 3:

- Work up 5 to 6 (or more) patients per day.
- Present a literature evidence in action discussion.
- Submit draft of educational in-service to preceptor for review and revisions.
- Work independently to review patient charts, contact patients, and document appropriately.
- Choose 1 or 2 patients daily that are good examples to present to preceptor and APPE students.
- Review and evaluate APPE student work if applicable.

Week 4:

- Work up 6 to 7 (or more) patients per day.
- Present an educational in-service for PAC3 staff.
- Work independently to review patient charts, contact patients, and document appropriately.
- Choose 1 or 2 patients daily that are good examples to present to preceptor and APPE students.
- Review and evaluate APPE student work if applicable.
- Final evaluation with preceptor.

Residency Goals:

- 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
- R1.1.7 - Document direct patient care activities appropriately in the medical record or where appropriate
- R1.2.1 - Manage transitions of care effectively
- R3.1.1 - Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership
- R4.1.2 - Use effective presentation and teaching skills to deliver education

Activities Evaluated:

Rotation Activity	Goal	Teaching Method
Review patient charts and medication changes upon discharge from the hospital and identify medication related issues or problems	R1.1.1 R1.1.2 R1.1.3 R1.1.7	Direct Instruction Model Coach Facilitate
Participate in transitions of care by communicating with patients after discharge from the hospital	R1.2.1	Direct Instruction Model Coach Facilitate
Interact and communicate with pharmacy technicians, pharmacists, nurses, and primary care providers to ensure optimal outcomes for patients	R3.1.1	Direct Instruction Model Coach Facilitate
Prepare and present an educational in-service for specialty pharmacy staff	R4.1.2	Direct Instruction Coach Facilitate
Research and present short literature projects	R4.1.2	Direct Instruction Coach Facilitate

Readings and Preparatory Work:

Possible Topic Discussions and Readings involve the following topics:

- Collaborative Practice Agreements
 - Medication Refills
 - Therapeutic Interchanges
- Management of chronic disease states
 - Asthma
 - COPD
 - Diabetes

- Hyperlipidemia
 - Hypertension
- Transitions of Care
 - Measures of outcomes
 - Pharmacist participation in transitions of care

Project or Presentation Description

1. In-service: the resident will provide one in-service to PAC3 staff on a topic applicable to the current needs of the group. The presentation will be verbal with a hand-out but no slides and will be about 15 to 20 minutes, presented at a weekly staff meeting.
2. Literature projects: the resident will participate in a weekly literature project that may be a review of a journal article, a short literature search, or a review of clinical guidelines or other topic as applicable to the current rotation. Literature projects will initially be defined by the rotation site preceptor, but as the rotation progresses the resident will be pick their own short projects.

Typical Daily/Weekly/Monthly Activities

The resident is expected to be reliable, punctual, and motivated. The typical schedule is Monday through Friday, 8-430 pm. Time for presentations and projects will be provided although some outside time may be required. Daily and weekly tasks will vary throughout the rotation as the resident becomes more autonomous.

Evaluation

Formal evaluations will occur at the midpoint and on the last day of the rotation. Informal feedback will be regularly provided by the preceptor and other pharmacists working with the resident. The residents are also expected to provide feedback to the preceptor and site so that we may also improve.