

University of Utah Health Care Hospitals and Clinics
PGY1 Pharmacy Residency
Salt Lake City, Utah

Rotation Name: Pulmonary Internal Medicine – Transitions of Care

Rotation Preceptors: David Young, PharmD

Duration: 4 weeks

Site Description:

The University of Utah Hospital is a level I trauma center that serves critical and acute care patients in 490 beds, and is a referral hospital for a 5-state region. Over 100 FTEs of pharmacy staff serve the patients of University Hospital, and the residents are a part of patient care and multi-disciplinary teams. The Huntsman Cancer Institute also serves patients with 100 inpatient beds, an infusion center, and several clinics. Clinics at the hospital and surrounding communities serve patients with pharmacy care both through retail pharmacies, MTM services, thrombosis services, and clinic-based services. The University Health Care system also includes a Drug Information Service.

Rotation Description:

This 4-week learning experience will provide the resident with the opportunity to develop the skills necessary to provide patient-centered, evidence-based, collaborative care for adult medicine cystic fibrosis patients. The resident will receive patient care experiences and skills necessary to become proficient and innovative internal medicine pharmacy practitioner and gain experience in providing education to patients, pharmacy students, physician assistant students, and other health care professionals. The pulmonary internal medicine acute and continuous care rotation will consist of rounding daily and providing clinical pharmacy services for the Adult Internal Medicine Cystic Fibrosis inpatient and ambulatory care and Asthma ambulatory care teams at the University of Utah Health Care. The primary practice site will be the University of Utah Health Care Acute Internal Medicine Units (AIMA, AIMB), Cystic Fibrosis Clinic, and Internal Medicine Clinic 3. The resident will develop the ability to design, evaluate, monitor, and adjust patient specific pharmacotherapy regimens for adult internal medicine cystic fibrosis patients taking into consideration any organ dysfunction that may be present. The resident will be an integral member of the multi-disciplinary Adult Internal Medicine Cystic Fibrosis acute and ambulatory care teams and will be responsible for all pharmacotherapy services for assigned patients. The resident will provide the following patient care services: admit and discharge medication reconciliation, review and verification of computerized physician order entry (CPOE) medication orders, screening, ordering, and documentation of appropriate vaccinations, review and make recommendations of treatment plans, monitor pharmacotherapy treatment plans for beneficial and potential adverse outcomes, pharmacokinetic and nutritional support consults of appropriate medications, provide drug information when necessary, assist the team in adhering to current policies and procedures and formulary management, coordinate care by communicating with all of the appropriate multidisciplinary team members (e.g. physicians, physician assistants, nurse practitioners, nurses, respiratory therapists, social workers, and occupational therapists), coordinating transitions of care between the acute and ambulatory care settings.

Role of the Pharmacist:

The Pulmonary Acute & Continuous Care Internal Medicine pharmacist functions as part of the Adult Internal Medicine Cystic Fibrosis acute and ambulatory care teams and Asthma multidisciplinary teams. Primary responsibilities include admit and discharge medication reconciliation, review and verification of computerized physician order entry (CPOE) medication orders, screening, ordering, and documentation of appropriate vaccinations, review and make recommendations of treatment plans, monitor pharmacotherapy treatment plans for beneficial and potential adverse outcomes, pharmacokinetic and nutritional support consults of appropriate medications, provide drug information when necessary, assist the team in adhering to current policies and procedures and formulary management, coordinate care by communicating with all of the appropriate multidisciplinary team members (e.g. physicians, physicians assistants, nurse practitioners, nurses, respiratory therapists, social workers, and occupational therapists), coordinating transitions of care between the acute and ambulatory care settings.

Resident Expectations:

Residents contribute to patient care by rounding daily and providing clinical pharmacy services for the Adult Internal Medicine Cystic Fibrosis inpatient and ambulatory care and Asthma teams at the University of Utah Health Care.

Presentations include daily patient presentations, weekly topic discussion, weekly formal case presentations, and one formal journal club presentation

Typical Daily/Weekly/Monthly Activities:

A typical day will be 0800-1600 but additional hours are usually necessary to complete projects, readings for topic discussions and journal club, and attend meetings.

0800-0900 Round preparation – patient monitoring and medicine reconciliations

0900-1500 Internal medicine cystic fibrosis rounds & cystic fibrosis/asthma clinic

1500-1600 Patient presentations – identify and resolve follow-up issues with team

1600+ Additional time to work on projects, topic discussions, resolve any remaining follow-up issues with team

Expected Progression:

Day 1: Preceptor will orient resident to the rotation, health care professionals, workflow, and resources. Preceptor will review learning activities and expectations with resident

- Come ready to discuss resident progress to date, areas of excellence and areas of improvement needed, and goals for the rotation
- Be punctual, professional and prioritize daily activities throughout rotation with a focus on exceptional patient care
- Complete the pre-rotation readings provided by preceptor prior to starting the rotation

Week 1:

- Learn processes for documenting pertinent pharmacist-related issues in electronic medical records
- Model the preceptor by actively participating in acute care rounds and the ambulatory clinic, as well as their role on the health care team
- Work up 2-4 care patients and progressing to work up additional patients by the end of the first week
- Present patients to preceptor each day in an organized way
- Prepare and actively participate/present in assigned topic discussions and journal clubs

Week 2:

- Continue to work on modeling behaviors

- Work up assigned patients with the goal of covering majority of the patients by the end of the week
- Begin seeing ambulatory clinic patients and rounding independently, if deemed appropriate in collaboration with preceptor
- Create a treatment plan for each assigned patient daily with preceptor
- Identify modifications in treatments based on changing patient status
- Present and review patients you are following with preceptor daily
- Write pertinent and accurate notes, with preceptor provided feedback for each patient they are responsible

Week 3:

- Increase responsibilities as the primary pharmacist on the acute and ambulatory care teams
- Retain and build on knowledge and skill in developing evidence-based practice
- Identify a current primary literature article that will be presented to the pulmonary team.
- Submit journal club presentation/project drafts for edit
- Document pass off and transitions of care notes accurately
- Follow-up on all daily recommendations with appropriate multidisciplinary team member(s)

Week 4:

- Work up all assigned patients
- Write complete notes on all assigned patients
- Discuss all identified patient care issues and recommendations daily with preceptor
- Submit all presentations and project documents or revisions no later than the next to the last day of the learning experience
- Function at the level of an independent clinician by the learning experience
- Present a current primary literature article with handout to the pulmonary team
- Complete all presentations and projects to the expectations set by the preceptor and turn in electronic copies to the preceptor by the last day the learning experience

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.

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.)

Objective 1.1.7 (Applying) Document direct patient care activities appropriately in the medical record or where appropriate

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

Objective R1.2.1: (Applying) Manage transitions of care effectively.

Goal R3.1: Demonstrate leadership skills.

Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.

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: (Applying) Use effective presentation and teaching skills to deliver education.

Pulmonary Internal Medicine Acute & Continuous Care Rotation Activities and Teaching Methods Linked to Objectives

Rotation Activity	Teaching Method(s)	Objective
<p>Create acute & continuous pharmacotherapy care plans for patients in the outpatient asthma and cystic fibrosis clinics and inpatient cystic fibrosis patients, including antibiotic regimens.</p> <p>For inpatients, create acute pharmacotherapy care plans in collaboration with cystic fibrosis care providers, and monitor plans daily by evaluating for effectiveness, potential adverse effects, adherence, labs, vitals, drug levels, symptoms, and other variables. Recommend modifications and follow up on the acute pharmacotherapy care plans in collaboration with the cystic fibrosis care providers. Document pharmacotherapy plan in EMR. Communicate and provide education regarding pharmacotherapy plans to your patients. Assist in transition to the home by completing discharge medication reconciliation, developing pharmacotherapy plan, and completing discharge medication process.</p> <p>For outpatients, create continuous pharmacotherapy care plans in collaboration with the cystic fibrosis and asthma care providers, monitor plans by evaluating for effectiveness, potential adverse effects, adherence, inhaler device technique, and other variables. Recommend modifications and follow up on the continuous pharmacotherapy care plans in collaboration with the cystic fibrosis and asthma care providers. Document pharmacotherapy plan in EMR. Communicate and provide education regarding pharmacotherapy plans to your patients. Assist in transition into the hospital by completing medication reconciliation and developing pharmacotherapy plan</p> <p>Meet with the rotation preceptor each morning to discuss prioritization of patient care activities and acute & continuous pharmacotherapy care plans then communicate plans to the appropriate multidisciplinary team member(s). Enter or review medication orders to ensure the appropriate pharmacotherapy care plan is implemented.</p>	<p>Modeling, Coaching, Facilitation,</p>	<p>R1.1.1, 1.1.3, 1.1.7, 1.2.1, 3.1.1.</p> <p>R1.1.1, 1.1.2, 1.1.3, 1.1.7, 1.2.1, 3.1.1.</p> <p>R1.1.1, 1.1.2, 1.1.3, 1.1.7, 1.2.1, 3.1.1.</p> <p>R1.1.1, 1.1.2, 1.1.3, 1.1.7, 1.2.1, 3.1.1.</p>

Perform pharmacokinetic analyses of once daily aminoglycoside and continuous infusion beta-lactam antibiotic regimens for cystic fibrosis patients, determine if dose changes are necessary, communicate and document in EPIC your recommendations to the appropriate multidisciplinary cystic fibrosis team member(s) and patients. Enter or review medication orders to ensure the appropriate plan is implemented.	Direct instruction, Modeling, Coaching, Facilitation	R1.1.1, 1.1.2, 1.1.3, 1.1.7, 1.2.1, 3.1.1.
Perform medication histories for clinic patients and inpatients, including review of allergies and immunizations. Reconcile inpatient medications and document interventions in EPIC. Enter or review medication & prescription orders to ensure the appropriate plan is implemented.	Direct instruction, Modeling, Coaching, Facilitation	R1.1.1, 1.1.2, 1.1.3, 1.1.7, 1.2.1, 3.1.1.
Present journal club presentations and participate in topic discussions.	Coaching Facilitation	R4.1.2
Provide acute & continuous pharmacotherapy care plan and disease state education to members of the multidisciplinary cystic fibrosis and asthma care teams when appropriate. If fourth year pharmacy students are on the rotation, serve as a preceptor by providing direct instruction, modeling, coaching, or facilitating when appropriate.	Modeling Coaching Facilitation	R4.1.2
Use feedback from the preceptor and self-assessment to recognize personal strengths and continuously make improvements in patient care, communication, teaching, knowledge, and other areas.	Coaching Facilitation	R3.1.1

Readings and Preparatory Work:

A dropbox folder will be maintained containing readings that include but are not limited to current guidelines for review and topic discussions throughout the experience

Evaluations: 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.